

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000090305

**Entity Name:** MD ALTAMONTE SPRINGS, LLC

**Current Principal Place of Business:**

1511 N. WEST SHORE BOULEVARD  
SUITE 750  
TAMPA, FL 33607-4504

**Current Mailing Address:**

1511 N. WEST SHORE BOULEVARD  
SUITE 750  
TAMPA, FL 33607-4504 US

**FEI Number:** 47-4397974

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** F&L CORP.

01/11/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           SAHLSTEN, CARL W JR.  
Address       1511 N, WEST SHORE BLVD  
                  750  
City-State-Zip: TAMPA FL 33607

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARL SAHLSTEN

MANAGER

01/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date