

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000177600

Entity Name: DANIEL A. NOSEK, M.D., PLLC

Current Principal Place of Business:

612 DRUID RD E STE B
CLEARWATER, FL 33756

Current Mailing Address:

612 DRUID RD E STE B
CLEARWATER, FL 33756

FEI Number: 47-5368684

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOSEK, DANIEL A MD
612 DRUID RD E STE B
CLEARWATER, FL 33756 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MBR
Name NOSEK, DANIEL A MD
Address 612 DRUID RD E STE B
City-State-Zip: CLEARWATER FL 33756

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: DANIEL A NOSEK

MD

04/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date