

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000181155

Entity Name: LIEBELT FAMILY MEDICINE, LLC

Current Principal Place of Business:

3515 SE 17TH STREET
SUITE 100
OCALA, FL 34471

Current Mailing Address:

3515 SE 17TH STREET
SUITE 100
OCALA, FL 34471

FEI Number: 47-5447100

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIEBELT, SUSAN G
3515 SE 17TH STREET
#100
OCALA,, FL 34471 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 CEO
Name LIEBELT, DONALD W MD
Address 3515 SE 17TH STREET, #100
City-State-Zip: Ocala FL 34471

Title VP
Name LIEBELT, SUSAN G
Address 3515 SE 17TH STREET, #100
City-State-Zip: Ocala FL 34471

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: DONALD W LIEBELT, MD

CEO

03/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date