

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000210179

**Entity Name:** JOEL IRA FRANCK, MD, PLLC

**Current Principal Place of Business:**

3001 EASTLAND BLVD  
SUITE 7  
CLEARWATER, FL 33761

**Current Mailing Address:**

3001 EASTLAND BLVD  
SUITE 7  
CLEARWATER, FL 33761 US

**FEI Number:** 81-0878553

**Certificate of Status Desired:** No

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

FRANCK, JOEL I MD  
3001 EASTLAND BLVD  
SUITE 7  
CLEARWATER, FL 33761 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 AMBR  
Name FRANCK, JOEL I MD  
Address 3001 EASTLAND BLVD  
SUITE 7  
City-State-Zip: CLEARWATER FL 33761

*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:** JOEL IRA FRANCK MD

MANAGER

09/15/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date