

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000055564

Entity Name: GAINESVILLE NOCTURNISTS ASSOCIATES, PLLC**Current Principal Place of Business:**2120 HILLCREST STREET
ORLANDO, FL 32803**Current Mailing Address:**2120 HILLCREST STREET
ORLANDO, FL 32803 US**FEI Number:** 81-2293460**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NGUYEN, VIETDUNG H DR.
2120 HILLCREST STREET
ORLANDO, FL 32803 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 MGR
Name NGUYEN, VIETDUNG H DR.
Address 2120 HILLCREST STREET
City-State-Zip: ORLANDO FL 32803

Title MGR
Name WILT, JEFFREY A DR.
Address 2120 HILLCREST STREET
City-State-Zip: ORLANDO FL 32803

Title MGR
Name JABBAR, HASEEB R DR.
Address 2120 HILLCREST STREET
City-State-Zip: ORLANDO FL 32803

Title MGR
Name MAYER, IRENE M DR.
Address 2120 HILLCREST STREET
City-State-Zip: ORLANDO FL 32803

Title MGR
Name ADAMS, SAMUEL DR.
Address 2120 HILLCREST STREET
City-State-Zip: ORLANDO FL 32803

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: IRENE MAYER MD**MANAGER****06/12/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date