

**2019 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

**MGR**

**04/15/2019**

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

\_\_\_\_\_  
Date