2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2018
Secretary of State
CC1359780610

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Entity Name: THE HARLIN CENTER FOR PRECISION MEDICINE, LLC

Current Principal Place of Business:

8470 ENTERPRISE CIRCLE
SUITE 307
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

8470 ENTERPRISE CIRCLE
GIBRALTAR BLDG. SUITE 307
LAKEWOOD RANCH, FL 34202 US

FEI Number: 81-2249894

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HARLIN, STEPHEN
8470 ENTERPRISE CIRCLE
SUITE 307
LAKEWOOD RANCH, FL 34202 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	HARLIN, STEPHEN
Address	8470 ENTERPRISE CIRCLE SUITE 307
City-State-Zip:	LAKEWOOD RANCH FL 34202

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: STEPHEN HARLIN, MD PHYSICIAN MANAGER 03/26/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date