

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000103503

**Entity Name:** THYROID CANCER CENTER, PLLC

**Current Principal Place of Business:**

2352 CREEL LANE  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

2352 CREEL LANE  
WESLEY CHAPEL, FL 33544 US

**FEI Number: 81-2877119**

**Certificate of Status Desired: No**

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

SADORF, RICK W  
1744 N BELCHER ROAD  
SUITE 150  
CLEARWATER, FL 33765 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	MANAGER	Title	MEMBER
Name	NORMAN, JAMES G	Name	CLAYMAN, GARY L
Address	2352 CREEL LANE	Address	2352 CREEL LANE
City-State-Zip:	WESLEY CHAPEL FL 33544	City-State-Zip:	WESLEY CHAPEL FL 33544

*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: JAMES G NORMAN**

**MANAGER**

**01/24/2020**

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

\_\_\_\_\_  
Date