

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000109820

**Entity Name:** HARRIS MEDICAL CONSULTING, LLC

**Current Principal Place of Business:**

139 MONTE CARLO DRIVE  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

PO BOX 1062  
ALPINE, NJ 07620 US

**FEI Number:** 81-2874648

**Certificate of Status Desired:** No

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

HARRIS, BARBARA S  
139 MONTE CARLO DRIVE  
PALM BEACH GARDENS, FL 33418 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 HARRIS, MICHAEL J  
Address PO BOX 1062  
City-State-Zip: ALPINE NJ 07620

*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:** MICHAEL HARRIS MD

**MANAGER**

**01/13/2017**

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

\_\_\_\_\_  
Date