

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000116988

Entity Name: MEDICAL CITY MOBILITY LLC

Current Principal Place of Business:

2008 JAFFA DRIVE
UNIT C
SAINT CLOUD, FL 34771

Current Mailing Address:

13450 LAKE MARY JANE ROAD
ORLANDO, FL 32832 US

FEI Number: 81-2921191

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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 PRESIDENT
Name SHAPIRO, DARRIN F
Address 13450 LAKE MARY JANE ROAD
City-State-Zip: ORLANDO FL 32832

Title AMBR
Name SHAPIRO, HEATHER
Address 13450 LAKE MARY JANE ROAD
City-State-Zip: ORLANDO FL 32832

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: DARRIN F SHAPIRO

PRESIDENT

05/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date