

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000125602

**Entity Name:** JACQUELINE HUBBARD, M.D., PLLC

**Current Principal Place of Business:**

147 2ND AVE S  
SUITE 303  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

PO BOX 530251  
ST. PETERSBURG, FL 33747 US

**FEI Number:** 81-3233201

**Certificate of Status Desired:** No

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

IURATO LAW FIRM, PL  
10012 N DALE MABRY HWY  
SUITE 203  
TAMPA, FL 33618 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            AMBR  
Name            HUBBARD, JACQUELINE M.D.  
Address        PO BOX 530251  
City-State-Zip: ST. PETERSBURG FL 33747

*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:** JACQUELINE HUBBARD

AMBR

01/17/2020

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

\_\_\_\_\_  
Date