

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000141815

**Entity Name:** DR. MIDLARSKY, LLC

**Current Principal Place of Business:**

1905 CLINT MOORE ROAD  
SUITE# 303  
BOCA RATON, FL 33496

**Current Mailing Address:**

3822 NW 52ND ST.  
BOCA RATON, FL 33496 US

**FEI Number:** 81-3465059

**Certificate of Status Desired:** No

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

MIDLARSKY, LAUREN  
1905 CLINT MOORE ROAD  
SUITE# 303  
BOCA RATON, FL 33496 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 MIDLARSKY, LAUREN  
Address 1905 CLINT MOORE ROAD  
SUITE# 303  
City-State-Zip: BOCA RATON FL 33496

*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:** DR. LAUREN MIDLARSKY

**OWNER**

**03/07/2017**

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

\_\_\_\_\_  
Date