

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000148062

Entity Name: TRINITY OAKS FAMILY MEDICINE, LLC

Current Principal Place of Business:

2044 TRINITY OAKS BLVD
SUITE 220
TRINITY, FL 34655

Current Mailing Address:

2044 TRINITY OAKS BLVD
SUITE 220
TRINITY, FL 34655 US

FEI Number: 81-3524142

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FERREIRA, ROBERT
2044 TRINITY OAKS BLVD
SUITE 220
TRINITY, FL 34655 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 FERREIRA, ROBERT
Address 10309 ALTRARA WAY
City-State-Zip: TRINITY FL 34655

Title MGR
Name VIEIRA, LEONARDO
Address 1031 TOSCANO DR
City-State-Zip: TRINITY FL 34655

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: ROBERT J FERREIRA, M.D.

PRESIDENT

04/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date