

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000160089

**Entity Name:** TAMPA BAY JAW AND FACIAL SURGERY OF BRADENTON, PLLC

**Current Principal Place of Business:**

14005 N. DALE MABRY HIGHWAY  
TAMPA, FL 33618

**Current Mailing Address:**

14005 N. DALE MABRY HIGHWAY  
TAMPA, FL 33618 US

**FEI Number:** 81-3314674

**Certificate of Status Desired:** No

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

AEBEL, ERIN S ESQ.  
SHUMAKER, LOOP & KENDRICK, LLP  
101 EAST KENNEDY BLVD., STE. 2800  
TAMPA, FL 33602 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 BARBICK, MICHAEL DMD MD  
Address 14005 N. DALE MABRY HIGHWAY  
City-State-Zip: TAMPA FL 33618

*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 BARBICK

MGR

03/07/2018

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

\_\_\_\_\_  
Date