

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000000651

**Entity Name:** DOUGLAS P. ZIPES, M.D., LLC

**Current Principal Place of Business:**

26868 WEDGEWOOD DR  
203  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

26868 WEDGEWOOD DR  
203  
BONITA SPRINGS, FL 34134 US

**FEI Number:** 82-3581490

**Certificate of Status Desired:** No

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

ZIPES, DOUGLAS P. M.D.  
26868 WEDGEWOOD DR  
203  
BONITA SPRINGS, FL 34134 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 ZIPES, DOUGLAS P M.D.  
Address 26868 WEDGEWOOD DR  
203  
City-State-Zip: BONITA SPRINGS FL 34134

*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:** DOUGLAS ZIPES

**PRESIDENT**

**01/25/2023**

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

\_\_\_\_\_  
Date