

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000012736

Entity Name: PLANT CITY MEDICAL GROUP, LLC

Current Principal Place of Business:

2041 N. WHEELER STREET
SUITE 100
PLANT CITY, FL 33563

Current Mailing Address:

2041 N. WHEELER STREET
SUITE 100
PLANT CITY, FL 33563 US

FEI Number: 81-5162750

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HATTON, DAVID
2960 WENTWORTH
WESTON, FL 33332 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 HATTON, DAVID
Address 600 WEST HILLSBORO BLVD SUITE
300
City-State-Zip: DEERFIELD BEACH FL 33441

Title MGR
Name JONAS, GARRY
Address 600 WEST HILLSBORO BLVD SUITE
350
City-State-Zip: DEERFIELD BEACH FL 33441

Title MGR
Name MODIST, SCOTT
Address 600 WEST HILLSBORO BLVD SUITE
350
City-State-Zip: DEERFIELD BEACH FL 33441

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: DAVID HATTON

MANAGER

02/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date