

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000136565

Entity Name: RAYMOND D.ADAMCIK M.D.PLLC

Current Principal Place of Business:

1290 HWY A1A , SUITE 103
SATELLITE BEACH, FL 32937

Current Mailing Address:

1290 HWY A1A , SUITE 103
SATELLITE BEACH, FL 32937 US

FEI Number: 82-1995893

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADAMCIK, RAYMOND M.D.
211 SEAGLASS DRIVE
MELBOURNE BEACH, FL 32951 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 ADAMCIK, RAYMOND
Address 211 SEAGLASS DRIVE
City-State-Zip: MELBOURNE BEACH FL 32951

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: RAYMOND D ADAMCIK

OWNER

01/14/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date