

**2018 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

**AGENT**

**04/09/2018**

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

\_\_\_\_\_  
Date