

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000203380

Entity Name: DR SUZANNE DUNCAN MD LLC

Current Principal Place of Business:

3298 SUMMIT BLVD
SUITE 4
PENSACOLA, FL 32503

Current Mailing Address:

PO BOX 10825
PENSACOLA, FL 32524 US

FEI Number: 27-0951500

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUNCAN, SUZANNE MD
7514 KLONDIKE RD
PENSACOLA, FL 32526-4317 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 AMBR
Name DUNCAN, SUZANNE TROUP MD
Address 7514 KLONDIKE RD
City-State-Zip: PENSACOLA FL 32526-4317

Title MGR
Name DUNCAN, SUZANNE TROUP
Address 7514 KLONDIKE RD
City-State-Zip: PENSACOLA FL 32526-4317

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: SUZANNE DUNCAN

OWNER

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date