2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: LALITHA VADLAMANI-SIMMERS, MD, LLC

Current Principal Place of Business:

1590 RUCKEL DRIVE
NICEVILLE, FL 32578

Current Mailing Address:

P.O. BOX 822
NICEVILLE, FL 32588

FEI Number: 83-1114151

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VADLAMANI-SIMMERS, LALITHA MD
1590 RUCKEL DRIVE
NICEVILLE, FL 32578 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	PRESIDENT
Name	VADLAMANI-SIMMERS, MD, LALITHA
Address	P.O. BOX 822
City-State-Zip:	NICEVILLE FL 32588

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: LALITHA VADLAMANI-SIMMERS, MD PRESIDENT 04/02/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date