

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000162806

Entity Name: BEACH FAMILY MEDICAL AND WELLNESS, PLLC

Current Principal Place of Business:

390 N. ORANGE AVE STE 1400
ORLANDO, FL 32801

Current Mailing Address:

390 N. ORANGE AVE STE 1400
ORLANDO, FL 32801

FEI Number: 83-1138073

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

B&C CORPORATE SERVICES OF CENTRAL FLORIDA,
390 N. ORANGE AVE STE 1400
ORLANDO, FL 32801 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 ENGLISH, JACQUELYN E
Address 390 N. ORANGE AVE STE 1400
City-State-Zip: ORLANDO FL 32801

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: JACQUELYN E. ENGLISH

MANAGER

03/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date