

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000245689

Entity Name: DAN MILLER FAMILY MEDICINE, LLC

Current Principal Place of Business:

1363 NW SPRUCE RIDGE DR.
STUART, FL 34994

Current Mailing Address:

1363 NW SPRUCE RIDGE DR.
STUART, FL 34994

FEI Number: 83-2305054

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLER, DAN A
1363 NW SPRUCE RIDGE DR.
STUART, FL 34994 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 AUTHORIZED MEMBER
Name MILLER, AMY MARIE
Address 1363 NW SPRUCE RIDGE DR.
City-State-Zip: STUART FL 34994

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: AMY MARIE MILLER

OWNER

05/04/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date