

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000265665

**Entity Name:** AARON'S DOCTOR OFFICE, LLC

**Current Principal Place of Business:**

68 S SUMMIT DR  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

755 GRAND BLVD  
STE. B-105-78  
MIRAMAR BEACH, FL 32550 US

**FEI Number:** 83-2498197

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CREEK, AARON  
68 S SUMMIT  
SANTA ROSA BEACH, FL 32459 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	Title	AUTHORIZED REPRESENTATIVE
Name	CREEK, AARON	Name	CREEK, ANNA CHIYOKO
Address	68 S SUMMIT	Address	68 S SUMMIT
City-State-Zip:	SANTA ROSA BEACH FL 32459	City-State-Zip:	SANTA ROSA BEACH FL 32459

*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:** ANNA C CREEK

**AUTHORIZED  
REPRESENTATIVE**

**02/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date