

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000288542

Entity Name: J. MICHAEL POWERS, M.D., LLC

Current Principal Place of Business:

4254 GEVALIA DRIVE
BROOKSVILLE, FL 34604

Current Mailing Address:

4254 GEVALIA DRIVE
BROOKSVILLE, FL 34604 US

FEI Number: 83-2938476

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSTON, DARRYL W
29 S. BROOKSVILLE AVE.
BROOKSVILLE, FL 34601 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 POWERS, J. MICHAEL
Address 4254 GEVALIA DRIVE
City-State-Zip: BROOKSVILLE FL 34604

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: J. MICHAEL POWERS

MANAGER

03/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date