

**2020 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

MGR

06/08/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date