

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000067532

**Entity Name:** CRAIG R. FOSTER, MD, LLC

**Current Principal Place of Business:**

80 CELESTIAL WAY  
205E  
JUNO BEACH, FL 33408

**Current Mailing Address:**

80 CELESTIAL WAY  
205E  
JUNO BEACH, FL 33408 US

**FEI Number:** 27-4297632

**Certificate of Status Desired:** No

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

FOSTER, CRAIG R MD  
80 CELESTIAL WAY  
205E  
JUNO BEACH, FL 33408 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  
Name            FOSTER, CRAIG R MD  
Address        80 CELESTIAL WAY - 205E  
City-State-Zip: JUNO BEACH FL 33408

*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:** FOSTER, CRAIG R, MD

**MANAGER**

**01/12/2022**

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

\_\_\_\_\_  
Date