

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000074810

Entity Name: CHRISTIE MD, FUNCTIONAL AND AESTHETIC MEDICINE, PLLC

Current Principal Place of Business:

2837 1ST AVENUE N
ST. PETERSBURG, FL 33713

Current Mailing Address:

2837 1ST AVENUE N
ST. PETERSBURG, FL 33713 US

FEI Number: 84-8018473

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHRISIE, HEATHER
2837 1ST AVENUE N
ST. PETERSBURG, FL 33713 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 CHRISTIE, HEATHER
Address 2837 1ST AVENUE N
City-State-Zip: ST PETERSBURG FL 33713

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: HEATHER L. CHRISTIE

MD

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date