

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000094

Entity Name: IMMOKALEE FAMILY DOCTOR'S CLINIC, LLC

Current Principal Place of Business:

555 N. 15TH STREET
SUITE A
IMMOKALEE, FL 34142

Current Mailing Address:

555 N. 15TH STREET
SUITE A
IMMOKALEE, FL 34142 US

FEI Number: 65-0469967

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PUERTO, JUAN R DR.
555 N. 15TH STREET
SUITE A
IMMOKALEE, FL 34142 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: JUAN R. PUERTO, MD

01/24/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGR
Name	PUERTO, JUAN R DR.	Name	PUERTO, JUAN R DR.
Address	555 N. 15TH STREET SUITE A	Address	555 N. 15TH STREET SUITE A
City-State-Zip:	IMMOKALEE FL 34142	City-State-Zip:	IMMOKALEE FL 34142

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: JUAN R. PUERTO

MD/OWNER

01/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date