

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003382

Entity Name: MANUEL G. JAIN, M.D., L.L.C.

Current Principal Place of Business:

1488 NORTH LAKE MIRROR DR NW
WINTER HAVEN, FL 33881-1372

Current Mailing Address:

1488 NORTH LAKE MIRROR DR NW
WINTER HAVEN, FL 33881-1372 US

FEI Number: 59-3557527

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JAIN, MANUEL G
1488 N. LAKE MIRROR DR., NW
WINTER HAVEN, FL 33881-1372 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 MGRM
Name JAIN, MANUEL G
Address 1488 N. LAKE MIRROR DR., NW
City-State-Zip: WINTER HAVEN FL 33881-1372

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: MANUEL G JAIN MD

OWNER

02/09/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date