

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000003382

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

**Current Principal Place of Business:**

105 S. DIXIE DRIVE  
HAINES CITY, FL 33844

**Current Mailing Address:**

105 S. DIXIE DRIVE  
HAINES CITY, FL 33844

**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

03/06/2014

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

\_\_\_\_\_ Date