

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005812

Entity Name: LOTUS BLOSSOM CLINIC, LLC

Current Principal Place of Business:

6710 WINKLER ROAD
SUITE 2
FORT MYERS, FL 33919

Current Mailing Address:

14651 LAKE OLIVE DRIVE
FT. MYERS, FL 33919 US

FEI Number: 47-0929948

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTIN, DAVID
14651 LAKE OLIVE DRIVE
FT. MYERS, FL 33919 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 MARTIN, DAVID L
Address 14651 LAKE OLIVE DRIVE
City-State-Zip: FT. MYERS FL 33919

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: DAVID L. MARTIN

MGRM

03/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date