

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1200006019

**Entity Name:** ACDOCTOR.COM LLC

**Current Principal Place of Business:**

2665 S. BAYSHORE DRIVE  
SUITE 901  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

2665 S. BAYSHORE DRIVE  
SUITE 901  
COCONUT GROVE, FL 33133

**FEI Number:** 26-2063693

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 DIRECTOR, VP, SECRETARY

Name LOGAN, BARRY S

Address 2665 S. BAYSHORE DRIVE, SUITE 901

City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR, VP, ASST. SECRETARY

Name MENENDEZ, ANA M

Address 2665 S. BAYSHORE DRIVE, SUITE 901

City-State-Zip: COCONUT GROVE FL 33133

Title PRESIDENT

Name NAHMAD, AARON J

Address 2665 S. BAYSHORE DRIVE  
SUITE 901

City-State-Zip: COCONUT GROVE FL 33133

Title VP, CFO, TREASURER

Name MEREDITH, SHAWN G

Address 2665 S. BAYSHORE DRIVE  
SUITE 901

City-State-Zip: COCONUT GROVE FL 33133

Title ASST. TREASURER

Name DISTEFANO, EFY

Address 2665 S BAYSHORE DR  
STE 901

City-State-Zip: COCONUT GROVE FL 33133

*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:** EFY DISTEFANO

**ASSISTANT TREASURER 04/02/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date