

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000003332

**Entity Name:** JOHN FIELD M.D., LLC

**Current Principal Place of Business:**

13 DONEGAL COURT  
NEWARK, DE 19711

**Current Mailing Address:**

1125 9TH STREET APT 4  
MIAMI BEACH, FL 33139 US

**FEI Number:** 81-4355113

**Certificate of Status Desired:** No

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

FIELD, JOHN M.D  
1125 9TH STREET APT 4  
MIAMI BEACH, FL 33139 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 MGR  
Name FIELD, JOHN M.D.  
Address 13 DONEGAL COURT  
City-State-Zip: NEWARK DE 19711

*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:** JOHN FIELD, M.D.

**MANAGER**

**05/08/2019**

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

\_\_\_\_\_  
Date