

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000079560

Entity Name: CLEARWATER MEDICAL ALLIANCE LLC**FILED**

Apr 30, 2019

Secretary of State

7092033664CC

Current Principal Place of Business:30109 US HWY 19 N
CLEARWATER, FL 33761**Current Mailing Address:**2729 STATE ROAD 580
CLEARWATER, FL 33761 US**FEI Number:** 82-1164315**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MAZE, ILLIANA
36750 US HIGHWAY 19 N
APT 2791
PALM HARBOR, FL 34684 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:** ILLIANA MAZE

04/30/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR
Name	MEDICAL UNITED LLC
Address	2729 STATE ROAD 580
City-State-Zip:	CLEARWATER FL 33761

*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:** IVAN FIELD

MEMBER

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date