

2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A14000000548

Entity Name: U-DRAIN MED, LLLP

Current Principal Place of Business:

8975 WHITEMARSH AVE
SARASOTA, FL 34238

Current Mailing Address:

8975 WHITEMARSH AVE
SARASOTA, FL 34238

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAUNDERS, PETER MR.
8969 WHITEMARSH AVE
SARASOTA, FL 34238 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: PETER SAUNDERS

04/24/2017

Electronic Signature of Registered Agent

Date

General Partner Detail :

Document #

Name MCGEE, ANDY F

Address 217 GLOUCESTER AVE

City-State-Zip: OAKVILLE ONTARIO L6J 3W3

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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDY F. MCGEE

GENERAL PARTNER

04/24/2017

Electronic Signature of Signing General Partner Detail

Date