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: JENNIFER D LEWIS

Electronic Signature of Signing Authorized Person(s) Detail

P.O BOX 76405 ST. PETERSBURG, FL 33734 US

FEI Number: 80-0021564 Name and Address of Current Registered Agent:

LEWIS, JENNIFER D 3663 BAYSHORE BLVD NE ST. PETERSBURG, FL 33703 US

Current Mailing Address:

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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	LEWIS, JONATHAN M	Name	LEWIS, JENNIFER D
Address	3663 BAYSHORE BLVD NE	Address	3663 BAYSHORE BLVD NE
City-State-Zip:	ST PETERSBURG FL 33703	City-State-Zip:	ST PETERSBURG FL 33703

MGMR

Certificate of Status Desired: No

FILED Jan 16, 2019 Secretary of State 8068814302CC

Date

01/16/2019

Date

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012601

Entity Name: ADVANCED BIOMEDICAL CONSULTING, LLC

Current Principal Place of Business:

3235 FAIRFIELD AVE S, UNIT F ST. PETERSBURG. FL 33712-1816