

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000032199

**Entity Name:** SPECIALTY MEDICAL SYSTEMS OF FLORIDA, LLC

**Current Principal Place of Business:**

5453 W WATERS AVE,  
SUITE 105  
TAMPA, FL 33634

**Current Mailing Address:**

5453 W WATERS AVE,  
SUITE 105  
TAMPA, FL 33634 US

**FEI Number:** 13-4224247

**Certificate of Status Desired:** No

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

ARMENTROUT, GENE  
5453 W WATERS AVE,  
SUITE 105  
TAMPA, FL 33634 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	MGRM	Title	MGRM
Name	ARMENTROUT, GENE	Name	SCHATZBERG, BRIAN H
Address	5453 W WATERS AVE, SUITE 105	Address	5453 W WATERS AVE, SUITE 105
City-State-Zip:	TAMPA FL 33634	City-State-Zip:	TAMPA FL 33634

*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:** BRIAN SCHATZBERG

**MANAGING MANAGER**

**04/02/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date