

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032199

Entity Name: SPECIALTY MEDICAL SYSTEMS OF FLORIDA, LLC

Current Principal Place of Business:

5425 BEAUMONT CENTER BLVD
SUITE 914
TAMPA, FL 33634

Current Mailing Address:

5425 BEAUMONT CENTER BLVD
SUITE 914
TAMPA, FL 33634

FEI Number: 13-4224247

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARMENTROUT, GENE
5425 BEAUMONT CENTER BLVD
SUITE 914
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
Name ARMENTROUT, GENE
Address 5425 BEAUMONT CENTER BLVD
SUITE 914
City-State-Zip: TAMPA FL 33634

Title MGRM
Name SCHATZBERG, BRIAN H
Address 5425 BEAUMONT CENTER BLVD
SUITE 914
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

MGRM

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date