

**2014 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

**MANAGING MEMEBER**

**02/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date