

2020 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

MANAGER

04/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date