

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000041351

**Entity Name:** PSC-F MEDICAL, LLC

**Current Principal Place of Business:**

4930 NASSAU STREET  
TAMPA, FL 33607

**Current Mailing Address:**

4930 NASSAU STREET  
TAMPA, FL 33607

**FEI Number:** 20-2748639

**Certificate of Status Desired:** Yes

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

LIPPE, AMY JO  
4930 NASSAU STREET  
TAMPA, FL 33607 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 LIPPE, AMY JO  
Address 4930 NASSAU STREET  
City-State-Zip: TAMPA FL 33607

Title MANAGER  
Name CHASE, LAWRENCE  
Address 4930 NASSAU STREET  
City-State-Zip: TAMPA FL 33607

*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:** AMY JO LIPPE

**MGRM**

**03/23/2018**

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

\_\_\_\_\_  
Date