

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038384

Entity Name: STAT MEDICAL SYSTEMS, L.L.C.

Current Principal Place of Business:

1029 DELACROIX CIRCLE
NOKOMIS, FL 34275

Current Mailing Address:

PO BOX 1460
NOKOMIS, FL 34274-1460 US

FEI Number: 20-4680663

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAUDENSLAGER, JOHN P
1029 DELACROIX CIRCLE
NOKOMIS, FL 34275 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: JOHN P LAUDENSLAGER

04/25/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MAYS, BASIL G
Address 1398 LEAWOOD ROAD
City-State-Zip: ENGLEWOOD FL 34223

Title MGRM
Name LAUDENSLAGER, JOHN P
Address 1029 DELACROIX CIR
City-State-Zip: NOKOMIS FL 34275

Title MGR
Name MAYS, DARREL
Address 2227 BROADWAY
City-State-Zip: MT VERNON IL 62864

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: JOHN P LAUDENSLAGER

MGRM

04/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date