

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000120341

**Entity Name:** THERAMED, LLC

**Current Principal Place of Business:**

9360 LEM TURNER ROAD  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

PO BOX 8887  
JACKSONVILLE, FL 32239

**FEI Number:** 26-2260181

**Certificate of Status Desired:** No

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

ALBERT, GEORGE L  
9360 LEM TURNER ROAD  
JACKSONVILLE, FL 32208 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 ALBERT, GEORGE L  
Address PO BOX 8887  
City-State-Zip: JACKSONVILLE FL 32239

*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:** GEORGE L ALBERT

**MANAGING MEMBER**

**04/30/2015**

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

\_\_\_\_\_  
Date