

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000058822

Entity Name: COMPREHENSIVE BLOOD MANAGEMENT LLC

Current Principal Place of Business:

1341 GULFPORT RUN
IN NORTH FORKE PLANTATION
GRAYSON, GA 30017

Current Mailing Address:

1341 GULFPORT RUN
GRAYSON, GA 30017

FEI Number: 27-2763221

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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 VICE PRESIDENT BUSINESS
DEVELOPMENT, SALES &
MARKETING FOR HEALTHCARE &
MEDICAL DEVICES
Name CHILDRESS, RAYMOND B
Address 1341 GULFPORT RUN
IN NORTH FORKE PLANTATION
City-State-Zip: GRAYSON GA 30017

Title PRESIDENT & CEO
Name CHILDRESS, RAYMOND B
Address 1341 GULFPORT RUN
City-State-Zip: GRAYSON GA 30017

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: RAYMOND B CHILDRESS

PRESIDENT AND CEO

03/02/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date