

**2018 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  
IN NORTH FORKE PLANTATION  
GRAYSON, GA 30017 US

**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 IN GEORGIA AND  
FLORIDA  
Name CHILDRESS, RAYMOND BRIAN  
Address 1341 GULFPORT RUN  
IN NORTH FORKE PLANTATION  
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**

**04/28/2018**

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

\_\_\_\_\_  
Date