

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000065549

**Entity Name:** NORTH FLORIDA BIOMEDICAL EQUIPMENT SUPPLY AND MAINTENANCE SERVICES LLC

**FILED**  
**Apr 26, 2016**  
**Secretary of State**  
**CC7602088050**

**Current Principal Place of Business:**

4830 NE 3RD PLACE  
GAINESVILLE, FL 32641

**Current Mailing Address:**

P.O. BOX 6213  
GAINESVILLE, FL 32627 US

**FEI Number: 26-0515631**

**Certificate of Status Desired: Yes**

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

KELLY, CHARLES LSR.  
4830 NE 3RD PLACE  
GAINESVILLE, FL 32641 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 KELLY, CHARLES LSR.  
Address P.O. BOX 6213  
City-State-Zip: GAINESVILLE FL 32627

*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: CHARLES L KELLY SR.

OWNER/CEO

04/26/2016

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

\_\_\_\_\_  
Date