

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000065549

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

FILED
Apr 20, 2015
Secretary of State
CC3613228677

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.

CEO

04/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date