

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000063421

Entity Name: ATQOL MEDICAL, LLC

Current Principal Place of Business:

8/8 FORTITUDE CRESCENT, BURLEIGH HEADS
GOLD COAST
QUEENSLAND, XX 4220

Current Mailing Address:

8/8 FORTITUDE CRESCENT, BURLEIGH HEADS
GOLD COAST
QUEENSLAND, XX 4220 AU

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FUERST, MITCHELL S
1001 BRICKELL BAY DRIVE, 32ND FLOOR
MIAMI, FL 33131 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 WOODLEY, JOHN V
Address 8/8 FORTITUDE CRESCENT,
BURLEIGH HEADS
City-State-Zip: GLD CST,QUEENSLAND,AUSTRALIA

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: JOHN V WOODLEY

PRESEDENT

01/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date