

**2017 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 WOODLEY

MR

02/06/2017

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

\_\_\_\_\_  
Date