

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000091671

Entity Name: EPICMED LLC

Current Principal Place of Business:

5722 S FLAMINGO RD
#401
COOPER CITY, FL 33330

Current Mailing Address:

5722 S FLAMINGO RD
#401
COOPER CITY, FL 33330 US

FEI Number: 45-2951546

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, JARRED
5722 S FLAMINGO RD
#401
COOPER CITY, FL 33330 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 MGR
Name COHEN, JARRED
Address 5722 S FLAMINGO RD
#401
City-State-Zip: COOPER CITY FL 33330

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: JARRED COHEN

MGR

03/13/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date