

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000011855

Entity Name: BONGIOVI MEDICAL & HEALTH TECHNOLOGIES LLC**Current Principal Place of Business:**649 SW WHITMORE DRIVE
PORT ST. LUCIE, FL 34984**Current Mailing Address:**649 SW WHITMORE DRIVE
PORT ST. LUCIE, FL 34984 US**FEI Number:** 45-4562818**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUTERA, JOSEPH GJR.
647 WHITMORE DRIVE
PORT ST. LUCIE, FL 34984 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 BONGIOVI, ANTHONY CJR.
Address 649 SW WHITMORE DRIVE
City-State-Zip: PORT ST. LUCIE FL 34984

Title MGR
Name SIMMONS, RONALD E
Address 649 SW WHITMORE DRIVE
City-State-Zip: PORT ST. LUCIE FL 34984

Title MGR
Name BUTERA, JOSEPH GJR
Address 649 SW WHITMORE DRIVE
City-State-Zip: PORT ST. LUCIE FL 34984

Title MGR
Name LAZEN, STEVE
Address 649 SW WHITMORE DRIVE
City-State-Zip: PORT ST. LUCIE FL 34984

Title MGR
Name SPOLTRE, TED
Address 649 SW WHITMORE DRIVE
City-State-Zip: PORT ST. LUCIE FL 34984

Title MGR
Name HUGHES, JAMES L
Address 649 SW WHITMORE DRIVE
City-State-Zip: PORT ST. LUCIE FL 34984

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: JOSEPH G BUTERA JR

MGR

06/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date