

2014 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.

MANAGING DIRECTOR

03/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date