

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000011855

**Entity Name:** BONGIOVI MEDICAL & HEALTH TECHNOLOGIES LLC

**Current Principal Place of Business:**

647 WHITMORE DRIVE  
PORT ST. LUCIE, FL 34984

**Current Mailing Address:**

647 WHITMORE DRIVE  
PORT ST. LUCIE, FL 34984 US

**FEI Number:** APPLIED FOR

**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 647 WHITMORE DRIVE  
City-State-Zip: PORT ST. LUCIE FL 34984

Title MGR  
Name SIMMONS, RONALD E  
Address 647 WHITMORE DRIVE  
City-State-Zip: PORT ST. LUCIE FL 34984

Title MGR  
Name BUTERA, JOSEPH GJR  
Address 647 WHITMORE DRIVE  
City-State-Zip: PORT ST. LUCIE FL 34984

Title MGR  
Name LAZEN, STEVE  
Address 647 WHITMORE DRIVE  
City-State-Zip: PORT ST. LUCIE FL 34984

Title MGR  
Name SPOLTRE, TED  
Address 647 WHITMORE DRIVE  
City-State-Zip: PORT ST. LUCIE FL 34984

Title MGR  
Name HUGHES, JAMES L  
Address 647 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RONALD E SIMMONS**

**MANAGER**

**04/24/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date