

2016 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****04/19/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date