

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000027812

Entity Name: MEDIKON, LLC

Current Principal Place of Business:

7077 NORMANDY BLVD
STE 5
JACKSONVILLE, FL 32205

Current Mailing Address:

7077 NORMANDY BLVD
STE 5
JACKSONVILLE, FL 32205 US

FEI Number: 45-4645156

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, RASHMI
7077 NORMANDY BLVD
STE 5
JACKSONVILLE, FL 32205 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 MANAGING MEMBER
Name PATEL, NISHANT
Address 7077 NORMANDY BLVD
 STE 5
City-State-Zip: JACKSONVILLE FL 32205

Title MANAGING MEMBER
Name PATEL, R C
Address 7077 NORMANDY BLVD
 STE 5
City-State-Zip: JACKSONVILLE FL 32205

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: RASHMI PATEL

MGMBR

04/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date