

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000062059

Entity Name: 7926 MEDICAL, LLC

Current Principal Place of Business:

4004 W OBISPO ST.
TAMPA, FL 33629

Current Mailing Address:

4004 W OBISPO ST.
TAMPA, FL 33629

FEI Number: 45-5344079

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANNIS, NATALIE C
201 N FRANKLIN ST.
STE. 2000
TAMPA, FL 33602 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 MANAGER, PRESIDENT, SECRETARY,
 TREASURER
Name RIVERA, HECTOR J.
Address 4004 W OBISPO ST.
City-State-Zip: TAMPA FL 33629

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: HECTOR J. RIVERA

MANAGER

01/31/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date