

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000124006

Entity Name: HEPKO MEDICAL LLC

Current Principal Place of Business:

100 BLUFF VIEW
102B
BELLEAIR BLUFFS, FL 33770

Current Mailing Address:

100 BLUFF VIEW
102B
BELLEAIR BLUFFS, FL 33770 US

FEI Number: 44-6093769

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIL, PATRICIA C
100 BLUFF VIEW
102B
BELLEAIR BLUFFS, FL 33770 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 MGRM
Name GIL, PATRICIA C
Address 100 BLUFF VIEW
102B
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title MGR
Name GIL, DANIEL A
Address 100 BLUFF VIEW
102B
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title MGRM
Name GIL, DAVID L
Address 100 BLUFF VIEW
102B
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title MGRM
Name GIL, ASHER B
Address 100 BLUFF VIEW
102B
City-State-Zip: BELLEAIR BLUFFS FL 33770

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: PATRICIA C GIL

MGRM

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date