

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000138914

Entity Name: BRMEDICAL, LLC**Current Principal Place of Business:**5301 AVION PARK DRIVE
TAMPA, FL 33607**Current Mailing Address:**4211 WEST BOYSCOUT BLVD
SUITE 400
TAMPA, FL 33607 US**FEI Number:** 46-1306546**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BONO, FRANK
4211 W. BOY SCOUT BLVD.
STE 400
TAMPA FL 33607 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 | RONZO, JAMES |
| Address | 4211 W. BOY SCOUT BLVD. STE 400 |
| City-State-Zip: | TAMPA FL 33607 |

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|-----------------|------------------------------------|
| Title | MGRM |
| Name | BONO, FRANK |
| Address | 4211 W. BOY SCOUT BLVD. STE 400 |
| City-State-Zip: | TAMPA FL 33607 |

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|-----------------|------------------------------------|
| Title | MGRM |
| Name | BONO, SUSAN |
| Address | 4211 W. BOY SCOUT BLVD. STE 400 |
| City-State-Zip: | TAMPA FL 33607 |

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|-----------------|------------------------------------|
| Title | MGRM |
| Name | RONZO, ELIZABETH |
| Address | 4211 W. BOY SCOUT BLVD. STE 400 |
| City-State-Zip: | TAMPA FL 33607 |

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: FRANK BONO

RA

05/11/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date