

**2024 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

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

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

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

**REGISTERED AGENT**

**04/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date