

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000138914

Entity Name: BRMEDICAL, LLC**Current Principal Place of Business:**2300 E. NORVELL BRYANT HWY
HERNANDO, FL 34442**Current Mailing Address:**2300 E. NORVELL BRYANT HWY
HERNANDO, FL 34442 US**FEI Number:** 46-1306546**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BONO, FRANK
2300 E. NORVELL BRYANT HWY
HERNANDO, FL 34442 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	2300 E. NORVELL BRYANT HWY
City-State-Zip:	HERNANDO FL 34442

Title	MGRM
Name	BONO, FRANK
Address	2300 E. NORVELL BRYANT HWY
City-State-Zip:	HERNANDO FL 34442

Title	MGRM
Name	BONO, SUSAN
Address	2300 E. NORVELL BRYANT HWY
City-State-Zip:	HERNANDO FL 34442

Title	MGRM
Name	RONZO, ELIZABETH
Address	2300 E. NORVELL BRYANT HWY
City-State-Zip:	HERNANDO FL 34442

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

MGRM

01/13/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date