

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