

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000021958

**Entity Name:** FLARED MEDICAL LLC

**Current Principal Place of Business:**

695 CENTRAL AVENUE  
SUITE 206  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

76 FOURTH STREET NORTH  
SUITE1833  
ST PETERSBURG, FL 33731 US

**FEI Number:** 46-2035803

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILES, TYRONE DAVID  
76 FOURTH STREET NORTH  
SUITE1833  
ST PETERSBURG, FL 33731 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:** TYRONE DAVID MILES

04/04/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name           MILLER, ROBERT W  
Address        76 FOURTH STREET NORTH  
                  SUITE1833  
City-State-Zip: ST PETERSBURG FL 33731

Title           MANAGER  
Name           MILES, TYRONE D  
Address        76 FOURTH STREET NORTH  
                  SUITE1833  
City-State-Zip: ST PETERSBURG FL 33731

*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:** TYRONE D MILES

MANAGER

04/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date