

2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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: Yes

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

11/23/2015

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 AUTHORIZED REPRESENTATIVE
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 MILES

**AUTHORIZED
REPRESENTATIVE**

11/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date