

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000048141

Entity Name: THERAMED MEDICAL ASSOCIATES, LLC

Current Principal Place of Business:

9360 LEM TURNER ROAD
JACKSONVILLE, FL 32208

Current Mailing Address:

PO BOX 8887
JACKSONVILLE, FL 32239

FEI Number: 90-0956617

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALBERT, GEORGE L
9360 LEM TURNER ROAD
JACKSONVILLE, FL 32208 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 ALBERT, GEORGE L
Address 9360 LEM TURNER ROAD
City-State-Zip: JACKSONVILLE FL 32208

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: GEORGE L ALBERT

MGRM

04/30/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date