

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000132605

Entity Name: ATPAC MEDICAL LLC

Current Principal Place of Business:

6617 LAKE CANE DR
ORLANDO, FL 32819

Current Mailing Address:

6617 LAKE CANE DR
ORLANDO, FL 32819

FEI Number: 27-1443875

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOWARD, SCOTT E
6617 LAKE CANE DR
ORLANDO, FL 32819 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 MGR
Name HOWARD, SCOTT E
Address 6617 LAKE CANE DR
City-State-Zip: ORLANDO FL 32819

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: SCOTT HOWARD

MANAGER

04/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date