

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000025948

Entity Name: EDGEMED HEALTHCARE, LLC.

Current Principal Place of Business:

4800 T-REX AVE SUITE 200
BOCA RATON, FL 33431

Current Mailing Address:

4800 T-REX AVE SUITE 200
BOCA RATON, FL 33431

FEI Number: 46-4833862

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KURSTIN, SCOTT
16514 GATEWAY BRIDGE DR
DELRAY BEACH, FL 33446 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 KURSTIN, SCOTT
Address 16514 GATEWAY BRIDGE DR
City-State-Zip: DELRAY BEACH FL 33446

Title MGRM
Name KURSTIN, RYAN
Address 14 BYRAM MEADOWS ROAD
City-State-Zip: CHAPPAQUA NY 10514

Title MGRM
Name DOBEL, GARY
Address 7085 NW 127 WAY
City-State-Zip: PARKLAND FL 33076

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 KURSTIN

EXECUTIVE VP

02/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date