FEI Number: 46-5298762			Certificate of Status Desired: No		
Name and Ad	dress of Current Registered Agent:				
		tered office or regis	tered agent, or both, in the State of Flo	rida.	
SIGNATURE:	CARMINE DELLASALA			03/31/2016	
	Electronic Signature of Registered Agent			Date	
Authorized Pe	erson(s) Detail :				
Title A	\P	Title	AP		

١P	Title	AP
COOK, CHUCK	Name	DELLASALA, CARMINE
159 MAGNOLIA BAY CIRCLE	Address	11754 VALENCIA GARDENS AVE
PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33410
5	::OOK, CHUCK 159 MAGNOLIA BAY CIRCLE	COOK, CHUCK Name 159 MAGNOLIA BAY CIRCLE Address

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.

AP

SIGNATURE: CARMINE DELLASALA

Electronic Signature of Signing Authorized Person(s) Detail

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000054321

Entity Name: C SQUARED MEDICAL GROUP, LLC

Current Principal Place of Business:

11754 VALENCIA GARDENS AVE PALM BEACH GARDENS, FL 33410

Current Mailing Address:

11754 VALENCIA GARDENS AVE PALM BEACH GARDENS. FL 33410 US

FE

Na

FILED Mar 31, 2016 Secretary of State CC8778714873

03/31/2016

Date