### 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000192349

Entity Name: COMPASS MEDICAL SERVICES, LLC

# **Current Principal Place of Business:**

1065 NE 125TH STREET SUITE 300 NORTH MIAMI, FL 33161

# **Current Mailing Address:**

1065 NE 125TH STREET SUITE 300 NORTH MIAMI, FL 33161 US

## FEI Number: 47-2519512

### Name and Address of Current Registered Agent:

CHOY, ANDREW T 1065 NE 125TH STREET SUITE 300 NORTH MIAMI, FL 33161 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

### Authorized Person(s) Detail :

	Title	MGR	Title	AMBR
	Name	SEGAL, SCOTT D	Name	HURWIT, HANDRE
	Address	1065 NE 125TH STREET	Address	1065 NE 125TH STREET
	City-State-Zip:	NORTH MIAMI FL 33161	City-State-Zip:	NORTH MIAMI FL 33161

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 SEGAL

PRESIDENT

05/21/2019 Date

Electronic Signature of Signing Authorized Person(s) Detail

### FILED May 21, 2019 Secretary of State 9039008334CC

Certificate of Status Desired: Yes

Date