

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000020991

**Entity Name:** VAUGHAN MEDICAL LLC

**Current Principal Place of Business:**

8890 W OAKLAND PARK BLVD  
SUITE 304  
SUNRISE, FL 33351

**Current Mailing Address:**

PO BOX 550786  
FORT LAUDERDALE, FL 33355-0786 US

**FEI Number:** 35-2526593

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THE RUNYAN LAW FIRM, PA  
707 NE 3RD AVENUE  
SUITE 300  
FORT LAUDERDALE, FL 33304 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 DANIELS-HEPNAR, VAUGHAN  
Address PO BOX 550786  
City-State-Zip: FORT LAUDERDALE FL 33355-0786

Title MANAGER  
Name PERELMAN, JASON  
Address PO BOX 550786  
City-State-Zip: FORT LAUDERDALE FL 33355-0786

*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:** VAUGHAN DANIELS-HEPNAR

**MANAGER**

**01/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date