

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000040063

**Entity Name:** MEDCOMATRIX, LLC

**Current Principal Place of Business:**

436 LONG AND WINDING ROAD  
HOWEY IN THE HILLS, FL 34737

**Current Mailing Address:**

436 LONG AND WINDING ROAD  
HOWEY IN THE HILLS, FL 34737 US

**FEI Number:** 47-3520254

**Certificate of Status Desired:** No

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

BURR & FORMAN LLP  
200 SOUTH ORANGE AVE.  
SUITE 800, ATTN: MATT DEVINE  
ORLANDO, FL 32801 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	P	Title	AR
Name	COWLES, DANA	Name	BITTSAR, INC.
Address	436 LONG AND WINDING ROAD	Address	436 LONG AND WINDING ROAD
City-State-Zip:	HOWEY IN THE HILLS FL 34737	City-State-Zip:	HOWEY IN THE HILLS FL 34737

*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:** DANA COWLES

**PRESIDENT**

**03/22/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date