

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000072386

**Entity Name:** 24/7 MEDICAL LLC

**Current Principal Place of Business:**

1029 S. NOVA RD.  
UNIT D  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

1029 S. NOVA RD.  
UNIT D  
ORMOND BEACH, FL 32174 US

**FEI Number:** 47-3843049

**Certificate of Status Desired:** No

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

TWERS, MATTHEW  
6 INVERRAY CT.  
ORMOND BEACH, FL 32174 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            AMBR  
Name            TWERS, MATTHEW  
Address        6 INVERRAY CT.  
City-State-Zip: ORMOND BEACH FL 32174

*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:** MATTHEW TWERS

AMBR

01/11/2016

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

\_\_\_\_\_  
Date