

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000191385

**Entity Name:** MEDICAL COMFORT INNOVATIONS, PLLC

**Current Principal Place of Business:**

540 1ST STREET SE  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

540 1ST STREET SE  
ST. PETERSBURG, FL 33701 US

**FEI Number:** 47-5615393

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
SUITE A  
TAMPA, FL 33612 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 KITNER, JOSHUA ARTHUR  
Address 540 1ST STREET SE  
City-State-Zip: ST. PETERSBURG FL 33701

Title AMBR  
Name MAZZAFERRO, MICHAEL VINCENT  
Address 540 1ST STREET SE  
City-State-Zip: ST. PETERSBURG FL 33701

*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:** JOSHUA ARTHUR KITNER

AMBR

04/27/2018

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

\_\_\_\_\_  
Date