

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000191385

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

**Current Principal Place of Business:**

341 8TH AVENUE SOUTHEAST  
SUITE B  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

341 8TH AVENUE SOUTHEAST  
SUITE B  
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 OAKS 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 COLEMAN, DAREN D  
Address 4935 22ND STREET NORTH  
City-State-Zip: ST. PETERSBURG FL 33714

Title AMBR  
Name KITNER, JOSHUA A  
Address 618 61ST AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33705

Title AMBR  
Name BAXLEY, WILLIAM R  
Address 2539 PALESTA DRIVE  
City-State-Zip: TRINITY FL 34655

*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:** WILLIAM RANDALL BAXLEY

**OWNER/MEMBER**

**01/20/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date