

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000060143

**Entity Name:** MEDTHERAPY LLC

**Current Principal Place of Business:**

808 VENICE AVE  
VENICE, FL 34285

**Current Mailing Address:**

154 LOOKOUT POINT DRIVE  
OSPREY, FL 34229 US

**FEI Number: 81-2020558**

**Certificate of Status Desired: No**

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

MASON, FRANCES G ESQ  
154 LOOKOUT POINT DRIVE  
OSPREY, FL 34229 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 BMFA LLC  
Address 808 VENICE AVE  
City-State-Zip: VENICE FL 34285

Title MGR  
Name PHOENIX MEDICAL CONSULTING INC.  
Address 154 LOOKOUT POINT DRIVE  
City-State-Zip: OSPREY FL 34229

Title MGR  
Name EMPHY PA  
Address 9020 MISTY CREEK DR  
City-State-Zip: SARASOTA FL 34241

*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: CLAUDE J MASON-PHOENIX MEDICAL CONSULTING INC.**

**MBR**

**01/16/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date