

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000073562

**Entity Name:** MEDTEXX MEDICAL LLC

**Current Principal Place of Business:**

1016 THOMAS DR  
SUITE 317  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

1016 THOMAS DR  
SUITE 317  
PANAMA CITY BEACH, FL 32408 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WATSON, DEBRA J  
1016 THOMAS DR  
SUITE 317  
PANAMA CITY BEACH, FL 32408 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:** DEBRA J WATSON

04/24/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WATSON, DEBRA J  
Address 1016 THOMAS DR  
SUITE 317  
City-State-Zip: PANAMA CITY BEACH FL 32408

*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:** DEBRA J WATSON

MANAGER

04/24/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date