

2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000087059

Entity Name: BLUETAIL MEDICAL GROUP LLC

Current Principal Place of Business:

1201 PIPER BLVD.
SUITE 25
NAPLES, FL 34110

Current Mailing Address:

17300 N OUTER 40 RD.
SUITE 201
CHESTERFIELD, MO 63005 US

FEI Number: 46-1175986

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PODESTA, PAM
1201 PIPER BLVD.
SUITE 25
NAPLES, FL 34110 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: PAM PODESTA

09/28/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name O'NEIL, JOSEPH M
Address 17300 N OUTER ROAD
City-State-Zip: CHESTERFIELD MO 63005

Title MANAGER
Name PODESTA, PAM
Address 1201 PIPER BLVD
SUITE 25
City-State-Zip: NAPLES FL 34110

Title AUTHORIZED MEMBER
Name OLIVER, KRISTIN
Address 17300 N OUTER 40 RD.
SUITE 201
City-State-Zip: CHESTERFIELD MO 63005

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: JOSEPH M O'NEIL

MANAGER

09/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date