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: BRUCE SCHREIBER

Electronic Signature of Signing Authorized Person(s) Detail

BOCA RATON, FL 33431 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

Authorized Person(s) Detail :

Authorized Ferson(s) Detail :				
Title	MGR	Title	AMBR	
Name	SCHREIBER, BRUCE	Name	MILLER, HINDA	
Address	1001 YAMATO ROAD SUITE 310	Address	1001 YAMATO ROAD SUITE 310	
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431	

Entity Name: BROADW	AY MEDICAL, LLC	

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

1001 YAMATO ROAD SUITE 310 BOCA RATON, FL 33431

Current Mailing Address:

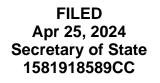
DOCUMENT# L16000090254

1001 YAMATO ROAD SUITE 310 BOCA RATON, FL 33431 US

FEI Number: 81-2629818

Name and Address of Current Registered Agent:

SCHREIBER, BRUCE L 1001 YAMATO ROAD SUITE 310



Certificate of Status Desired: No

04/25/2024

Date

MANAGER