

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000103736

**Entity Name:** CITYMED, LLC

**Current Principal Place of Business:**

17150 N BAY RD STE 2202  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17150 N BAY RD STE 2202  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 81-2797007

**Certificate of Status Desired:** No

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

TISHEN, ROMAN  
17150 N BAY RD STE 2202  
SUNNY ISLES BEACH, FL 33160 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 TISHEN, ROMAN  
Address 17150 N BAY RD STE 2202  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AMBR  
Name IVANOV, RUSLAN  
Address 17150 N BAY RD STE 2202  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** ROMAN TISHEN

R.T

02/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date