

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000213423

**Entity Name:** NEWBERRY MEDICAL LLC

**Current Principal Place of Business:**

1210 BIARRITZ DRIVE  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

11225 COLLEGE BLVD  
SUITE 300  
OVERLAND PARK, KS 66210

**FEI Number:** 81-4476734

**Certificate of Status Desired:** No

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

NEWBERRY, MARK A  
1210 BIARRITZ DRIVE  
MIAMI BEACH, FL 33141 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 NEWBERRY, MARK A  
Address 1210 BIARRITZ DRIVE  
City-State-Zip: MIAMI BEACH FL 33141

*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:** MARK NEWBERRY

CPA

02/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date