

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000229058

**Entity Name:** TNR MEDICAL SERVICES LLC

**Current Principal Place of Business:**

1900 DON WICKHAM DR., STE. 120  
CLERMONT, FL 34711

**Current Mailing Address:**

1114 LATTIMORE DR  
CLERMONT, FL 34711 US

**FEI Number:** 81-5030545

**Certificate of Status Desired:** No

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

RICHARDS, TAMARA N  
1900 DON WICKHAM DR., STE. 120  
CLERMONT, FL 34711 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 RICHARDS, TAMARA N  
Address 1900 DON WICKHAM DR., STE. 120  
City-State-Zip: CLERMONT FL 34711

*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:** TAMARA N. RICHARDS

MGR

04/27/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date