

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000008703

**Entity Name:** FLEURY MEDICAL, LLC

**Current Principal Place of Business:**

30423 TRISTANIA COURT  
WESLEY CHAPEL, FL 33543

**Current Mailing Address:**

30423 TRISTANIA COURT  
WESLEY CHAPEL, FL 33543 US

**FEI Number: 82-4467206**

**Certificate of Status Desired: No**

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

FLEURY, ANTHONY R  
30423 TRISTANIA COURT  
WESLEY CHAPEL, FL 33543 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           MANAGER  
Name           FLEURY, ANTHONY  
Address        30423 TRISTANIA COURT  
City-State-Zip: WESLEY CHAPEL FL 33543

*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: ANTHONY FLEURY**

**MANAGER**

**03/18/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date