

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000027600

**Entity Name:** HJA MEDICAL LLC

**Current Principal Place of Business:**

2714 DR. MLK JR. ST. N.  
ST. PETERSBURG, FL 33704

**Current Mailing Address:**

2714 DR. MLK JR. ST. N.  
ST. PETERSBURG, FL 33704 US

**FEI Number:** 81-5224198

**Certificate of Status Desired:** No

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

HARVARD, WILLIAM B JR,  
2714 DR. MLK JR. ST. N.  
ST. PETERSBURG, FL 33704 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 HARVARD, WILLIAM B JR.  
Address 2714 DR. MLK JR. ST. N.  
City-State-Zip: ST. PETERSBURG FL 33704

Title AMBR  
Name COBBLE, JEFFREY E  
Address 1173 35TH AVE N E  
City-State-Zip: ST. PETERSBURG FL 33704

Title AMBR  
Name FRISZOLOWSKI, WARD J  
Address 2714 DR. MLK JR. ST. N.  
City-State-Zip: ST. PETERSBURG FL 33704

Title AMBR  
Name AHMEDIC, DRAZEN  
Address 4825 W SAN MIGUEL ST.  
City-State-Zip: TAMPA FL 33629

*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:** WILLIAM B. HARVARD, JR.

MEMBER

04/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date