

2018 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 2714 DR. MLK JR. ST. N.
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 2714 DR. MLK JR. ST. N.
City-State-Zip: ST. PETERSBURG FL 33704

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

PRESIDENT

02/22/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date