

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000225081

**Entity Name:** IDR MED FLORIDA LLC

**Current Principal Place of Business:**

2760 SE 17TH ST  
BLDG 400  
OCALA, FL 34471

**Current Mailing Address:**

3323 SOUTHWEST 115TH TERRACE  
GAINESVILLE, FL 32608 US

**FEI Number:** 82-3273210

**Certificate of Status Desired:** Yes

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

B. CAIRO LAVADO, JAVIER  
3323 SOUTHWEST 115TH TERRACE  
GAINESVILLE, FL 32608 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	AMBR	Title	AMBR
Name	CAIRO LAVADO, JAVIER	Name	LEON, MARISSOLA OYOLA
Address	3323 SOUTHWEST 115TH TERRACE	Address	3323 SOUTHWEST 115TH TERRACE
City-State-Zip:	GAINESVILLE FL 32608	City-State-Zip:	GAINESVILLE FL 32608

*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:** JAVIER CAIRO LAVADO

**OWNER**

**04/02/2018**

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

\_\_\_\_\_  
Date