

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000187260

**Entity Name:** SLF MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

2528 NW 32ND ST  
GAINESVILLE, FL 32605--274

**Current Mailing Address:**

2528 NW 32ND ST  
GAINESVILLE, FL 32605--274 UN

**FEI Number:** 83-1466087

**Certificate of Status Desired:** No

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

FORT, SUSAN ARNP  
2528 NW 32ND ST  
GAINESVILLE, FL 32605 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 FORT, SUSAN  
Address 2528 NW 32ND ST  
City-State-Zip: GAINESVILLE FL 32605

*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:** SUSAN LYNETTE FORT

MGR

01/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date