

2019 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

04/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date