

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000187338

**Entity Name:** AMPLIFY MEDICAL L.L.C.

**Current Principal Place of Business:**

8807 OSCEOLA ACRES TRAIL  
ODESSA, FL 33556

**Current Mailing Address:**

8807 OSCEOLA ACRES TRAIL  
ODESSA, FL 33556 US

**FEI Number:** 83-1806317

**Certificate of Status Desired:** No

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

JANOSIK, JEREMY  
8807 OSCEOLA ACRES TRAIL  
ODESSA, FL 33556 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           MANAGING DIRECTOR  
Name           JANOSIK, SUSAN  
Address        8807 OSCEOLA ACRES TRAIL  
City-State-Zip: ODESSA FL 33556

Title           MANAGING DIRECTOR  
Name           JANOSIK, JEREMY  
Address        8807 OSCEOLA ACRES TRAIL  
City-State-Zip: ODESSA FL 33556

*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:** JEREMY JANOSIK

**MANAGING DIRECTOR**

**02/03/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date