

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000259741

**Entity Name:** CAM CAS MEDICAL CONSULTING, LLC

**Current Principal Place of Business:**

632 NE FRANCESCA LN  
BOCA RATON, FL 33487

**Current Mailing Address:**

POST OFFICE BOX 1482  
MURPHY, NC 28906 US

**FEI Number: 84-1865895**

**Certificate of Status Desired: Yes**

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

MARTINEZ, NERI L  
15000 GULF BLVD  
1002  
MADEIRA BEACH, FL 33708 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 CASTELLANA, CAMILLO C  
Address 334 KINGSGATE LANE  
City-State-Zip: ANDREWS FL 28901

Title AMBR  
Name MARTINEZ, NERI LOUIS  
Address 15000 GULF BLVD, SUITE 1002  
City-State-Zip: MADEIRA BEACH FL 33708

*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: NERI L MARTINEZ**

**AMBR**

**03/18/2020**

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

\_\_\_\_\_  
Date