

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000032519

**Entity Name:** BRANDON K BAKER MEDICAL LLC

**Current Principal Place of Business:**

1550 MADRUGA AVE  
MIAMI, FL 33146

**Current Mailing Address:**

1550 MADRUGA AVE  
MIAMI, FL 33146 US

**FEI Number:** 83-3511128

**Certificate of Status Desired:** No

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

POLLARI, PATRICIA  
12534 WILES ROAD  
CORAL SPRINGS, FL 33076 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 BAKER, BRANDON K  
Address 14451 SW 156TH AVE  
City-State-Zip: MIAMI FL 33196

*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:** BRANDON K BAKER

**MANAGER**

**06/08/2020**

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

\_\_\_\_\_  
Date