

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000051153

**Entity Name:** ASCENT MEDICAL, LLC

**Current Principal Place of Business:**

637 79TH CIR S  
ST PETERSBURG, FL 33707

**Current Mailing Address:**

637 79TH CIR S  
ST PETERSBURG, FL 33707

**FEI Number: 83-3786702**

**Certificate of Status Desired: Yes**

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

POU, RAUL  
637 79TH CIR S  
ST PETERSBURG, FL 33707 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 POU, RAUL  
Address 637 79TH CIR S  
City-State-Zip: ST PETERSBURG FL 33707

*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: RAUL POU**

**OWNER/PRINCIPAL  
AGENT**

**01/13/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date