

2020 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/MANAGER

02/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date