

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000131618

**Entity Name:** DISCURE MEDICAL LLC

**Current Principal Place of Business:**

20155 BOCA WEST DRIVE  
UNIT #A-701  
BOCA RATON, FL 33434

**Current Mailing Address:**

20155 BOCA WEST DRIVE  
UNIT #A-701  
BOCA RATON, FL 33434 US

**FEI Number:** 84-1890521

**Certificate of Status Desired:** Yes

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

GLASSMAN, LEE D ESQ  
2200 N COMMERCE PARKWAY  
SUITE 105  
SELECT OR ENTER, FL 33326 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 BEJARANO, DANIEL M  
Address 20155 BOCA WEST DRIVE UNIT#A-701  
City-State-Zip: BOCA RATON FL 33434

Title MGR  
Name ANDERSSON, GUNNAR  
Address 42367 N. 108TH STREET  
City-State-Zip: SCOTTSDALE FL 85262

Title MGR  
Name HOCHSCHULER, STEPHEN  
Address 4240 PRESCOTT AVENUE, UNIT 2F  
City-State-Zip: DALLAS TX 75219

*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:** DANIEL M BEJARANO

**MANAGER**

**02/01/2021**

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

\_\_\_\_\_  
Date