

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000225253

Entity Name: ADEX MEDICAL, LLC

Current Principal Place of Business:

12939 TRADITION DR
DADE CITY, FL 33525

Current Mailing Address:

12939 TRADITION DR
DADE CITY, FL 33525

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LANGFORD, BRIAN E
1715 WEST CLEVELAND ST
TAMPA, FL 33606 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 MCGUIRE, GARY P
Address 12939 TRADITION DR
City-State-Zip: DADE CITY FL 33525

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: GARY P. MCGUIRE

MGR

06/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date