

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000078806

**Entity Name:** VALANT MEDICAL, P.L.L.C.

**Current Principal Place of Business:**

266 NW PEACOCK BLVD, STE 205  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

266 NW PEACOCK BLVD, STE 205  
PORT ST. LUCIE, FL 34986 US

**FEI Number:** 45-2850317

**Certificate of Status Desired:** Yes

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

DEC CONSULTANTS, INC.  
601 21ST STREET, SUITE 300  
VERO BEACH, FL 32960 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           MANAGER  
Name           POTO, MONICA B  
Address        266 NW PEACOCK BLVD, STE 205  
City-State-Zip: PORT ST. LUCIE FL 34986

*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:** MONICA POTO

CEO

01/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date