

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L20000152190

Entity Name: FIREFLY MEDTECH, LLC**Current Principal Place of Business:**544 MASALO PL
LAKE MARY, FL 32746**Current Mailing Address:**544 MASALO PL
LAKE MARY, FL 32746 US**FEI Number:** 85-3812460**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GAGADAM, HARSHAVARDHAN RAO
1617 KATIE COVE
SANFORD, FL 32771 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:** HARSHAVARDHAN RAO GAGADAM

12/10/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :**Title** AUTHORIZED MEMBER, PRESIDENT,
SECRETARY, DIRECTOR,
TREASURER**Name** SUTHAHAR, MAMATA**Address** 544 MASALO PL**City-State-Zip:** LAKE MARY FL 32746**Title** DIRECTOR**Name** GREENLEE, CAREY**Address** 1675 DE LEON STREET**City-State-Zip:** OVIEDO FL 32765**Title** AUTHORIZED MEMBER, DIRECTOR,
MANAGER**Name** GAGADAM, SUCHITRA**Address** 1617 KATIE COVE**City-State-Zip:** SANFORD FL 32771**Title** AUTHORIZED MEMBER, VC,
DIRECTOR, CFO**Name** SUTHAHAR, SOMA**Address** A4-206, INDRAPRASTHA
APARTMENTS
VIP ROAD, KAIKHALI**City-State-Zip:** KOLKATA WEST BENGAL 700052**Title** AUTHORIZED MEMBER, SECRETARY,
DIRECTOR, COO, MANAGER,
CHAIRMAN**Name** GAGADAM, HARSHAVARDHAN**Address** 1617 KATIE CV**City-State-Zip:** SANFORD FL 32771**Title** AMBR**Name** BDMS TECHNOLOGIES, LLC**Address** 544 MASALO PL**City-State-Zip:** LAKE MARY FL 32746**Title** AUTHORIZED MEMBER, DIRECTOR,
CEO**Name** KRISHNAN, SUTHAHAR**Address** 544 MASALO PL**City-State-Zip:** LAKE MARY FL 32746

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: MAMATA SUTHAHAR**PRESIDENT**

12/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date