

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000001107

**Entity Name:** MARTIN BIONICS CLINICAL CARE FT. MYERS, LLC

**Current Principal Place of Business:**

214 E MAIN STREET  
OKLAHOMA CITY, OK 73104

**Current Mailing Address:**

214 E MAIN STREET  
OKLAHOMA CITY, OK 73104 US

**FEI Number: 46-2085554**

**Certificate of Status Desired: No**

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

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVE., 2ND FL.  
TALLAHASSEE, FL 32301 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 MARTIN, JAY  
Address 214 E MAIN STREET  
City-State-Zip: OKLAHOMA CITY OK 73104

*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: JAY MARTIN**

**CIO**

**04/14/2023**

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

\_\_\_\_\_  
Date