

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000230147

**Entity Name:** BRACESMED LLC

**Current Principal Place of Business:**

12866 BISCAYNE BLVD  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

12866 BISCAYNE BLVD  
NORTH MIAMI, FL 33181 UN

**FEI Number:** 88-1584301

**Certificate of Status Desired:** No

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

IVANOV, PAVEL I  
12866 BISCAYNE BLVD  
NORTH MIAMI, FL 33181 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 AMBR  
Name IVANOV, PAVEL I  
Address 12866 BISCAYNE BLVD  
City-State-Zip: NORTH MIAMI 33181

*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:** PAVEL IVANOV

AMBR

04/04/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date