

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000304543

**Entity Name:** MEDICAL TECHNOLOGY GROUP, LLC

**Current Principal Place of Business:**

1550 MADRUGA AVENUE  
#406  
CORAL GABLES, FL 33144

**Current Mailing Address:**

1550 MADRUGA AVENUE  
#406  
CORAL GABLES, FL 33144

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

BROEKER, DOUGLAS C  
C/O SWEETAPPLE, BROEKER & VARKAS  
12700 BISCAYNE BLVD, SUITE 402  
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            BREGMAN, ARTHUR  
Address        1550 MADRUGA AVENUE, SUITE 406  
City-State-Zip: CORAL GABLES FL 33144

Title            MGR  
Name            BREGMAN, ARTHUR  
Address        1550 MADRUGA AVENUE, SUITE 406  
City-State-Zip: CORAL GABLES FL 33144

*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:** ARTHUR BREGMAN

**MANAGER**

**05/01/2024**

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

\_\_\_\_\_  
Date