

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000228608

**Entity Name:** ARTHEON MEDICAL LLC

**Current Principal Place of Business:**

1107 EAST JACKSON STREET  
SUITE 206  
TAMPA, FL 33602

**Current Mailing Address:**

1107 EAST JACKSON STREET  
SUITE 206  
TAMPA, FL 33602 US

**FEI Number:** 88-2244518

**Certificate of Status Desired:** No

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

BOLARIS, GEORGE  
1107 EAST JACKSON STREET  
SUITE 206  
TAMPA, FL 33602 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            BOLARIS, GEORGE  
Address        1107 EAST JACKSON STREET, SUITE  
                  206  
City-State-Zip: TAMPA FL 33602

Title            AMBR  
Name            FREY, JACK  
Address        1107 EAST JACKSON STREET, SUITE  
                  206  
City-State-Zip: TAMPA FL 33602

*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:** GEORGE BOLARIS

**CO-OWNER**

**03/14/2023**

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

\_\_\_\_\_  
Date