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: DAVID C MAGNANO

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000233005

Entity Name: DIAMEDICS GROUP LLC ****SEE NOTE *****

Current Principal Place of Business:

13121 PARKWOOD STREET HUDSON, FL 34669

Current Mailing Address:

2003 CLEMENT STREET NOLENSVILLE. TN 37135 US

FEI Number: 88-2565162

Name and Address of Current Registered Agent:

MAGNANO, DAVID 13121 PARKWOOD STREET HUDSON, FL 34669 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

Authorized Person

Title	MGR	Title	AMBR
Name	MAGNANO, DAVID	Name	GASPARINI, GREGORIE
Address	2003 CLEMENT STREET	Address	6128 GOVERNOR BARBOUR ST
City-State-Zip:	NOLENSVILLE TN 37135	City-State-Zip:	BARBOURSVILLE VA 22923

n(s) Detail :		
	Title	AMBR
ANO, DAVID	Name	GASPARINI, GREGORIE
CLEMENT STREET	Address	6128 GOVERNOR BARBOUR ST
NSVILLE TN 37135	City-State-Zip:	BARBOURSVILLE VA 22923

MANAGER

04/28/2023

FILED Apr 28, 2023 Secretary of State 5940420439CC

Date

Certificate of Status Desired: No

Date