## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L9800000062

Entity Name: UNI-MED CONSULTING SERVICES, LLC

**Current Principal Place of Business:** 

1 GRAEMOOR TERRACE

PALM BEACH GARDENS. FL 33418

**Current Mailing Address:** 

P.O. BOX 32373

PALM BEACH GARDENS. FL 33420

FEI Number: 65-0818030 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BROWN, JAMES W 1 GRAEMOOR TERRACE PALM BEACH GARDENS, FL 33418 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

FILED Feb 24, 2015

**Secretary of State** 

CC1175001101

Authorized Person(s) Detail:

Title MGRM Title MGR

Name BROWN, JAMES W Name BROWN, REBEKKAH B

Address P.O. BOX 32373 Address P.O. BOX 32373

City-State-Zip: PALM BEACH GARDENS FL 33420 City-State-Zip: PALM BEACH GARDENS FL 33420

Title MGR Title MGR

Name BROWN, DAVID J Name FORD, ERIN J
Address P.O. BOX 32373 Address P.O. BOX 32373

City-State-Zip: PALM BEACH GARDENS FL 33420 City-State-Zip: PALM BEACH GARDENS FL 33420

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: JAMES W BROWN

Electronic Signature of Signing Authorized Person(s) Detail

**MGRM**