

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006167

Entity Name: NOVALIS MEDICAL, LLC

Current Principal Place of Business:

813 S. WESTSHORE BLVD.
TAMPA, FL 33609

Current Mailing Address:

813 S. WESTSHORE BLVD.
TAMPA, FL 33609

FEI Number: 59-3651294

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALMEIDA, STEPHEN
813 S. WESTSHORE BLVD.
TAMPA, FL 33609 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 MGRM
Name ALMEIDA, STEPHEN
Address 813 S. WESTSHORE BLVD.
City-State-Zip: TAMPA FL 33609

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: STEPHEN ALMEIDA

PRESIDENT

03/24/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date