

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074750

Entity Name: BIOMEDICAL PARTNERS, LLC

Current Principal Place of Business:

3679 RUBIN ROAD
JACKSONVILLE, FL 32257

Current Mailing Address:

3679 RUBIN ROAD
JACKSONVILLE, FL 32257 US

FEI Number: 20-1764306

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOHRMAN, MARILYN J
3679 RUBIN ROAD
JACKSONVILLE, FL 32257 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 HOLZ, F. LOGAN
Address 4480 COQUINA DR
City-State-Zip: JACKSONVILLE BEACH FL 32250

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: F. LOGAN HOLZ

MGRM

03/08/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date