

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000047337

**Entity Name:** GROVE MEDICAL, LLC

**Current Principal Place of Business:**

10400 GRIFFIN ROAD  
103  
COOPER CITY , FL 33328

**Current Mailing Address:**

10400 GRIFFIN ROAD  
103  
COOPER CITY , FL 33328 US

**FEI Number:** 26-0379212

**Certificate of Status Desired:** No

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

BENDER, HARRY K  
980 NW N RIVER DRIVE  
128  
MIAMI, FL 33136 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:** HARRY BENDER

03/29/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	THOMPSON, BEAU	Name	MACBROOM, CLIFFORD
Address	9020 S.W. 83 STREET	Address	11200 ORANGE DRIVE
City-State-Zip:	MIAMI FL 33173	City-State-Zip:	DAVIE FL 33330

*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:** CLIFFORD MACBROOM

MANAGER

03/29/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date