

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095901

Entity Name: FLEXMD, LLC

Current Principal Place of Business:

2582 MAGUIRE ROAD
SUITE 277
OCOEE, FL 34761-4749

Current Mailing Address:

2582 MAGUIRE ROAD
SUITE 277
OCOEE, FL 34761-4749 US

FEI Number: 20-3589400

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOLTUN, JEFFREY M
150 SPARTAN DRIVE SUITE 100
MAITLAND, FL 32751 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 PRESIDENT
Name LUBBERT, GLEN O
Address 7135 YACHT BASIN AVENUE #224
City-State-Zip: ORLANDO FL 32835

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: GLEN O. LUBBERT

PRESIDENT

01/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date