

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078795

Entity Name: THONERA MEDICAL, LLC

Current Principal Place of Business:

5521 S.W. 6TH STREET
PLANTATION, FL 33317

Current Mailing Address:

5521 S.W. 6TH STREET
PLANTATION, FL 33317

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAHIPAT-LEE, NERA
5521 S.W. 6TH STREET
PLANTATION, FL 33317 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 MAHIPAT-LEE, NERA
Address 5521 S.W. 6TH STREET
City-State-Zip: PLANTATION FL 33317

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: NERA MAHIPAT-LEE

MANAGER

02/07/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date