

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000108279

Entity Name: 1ST WAVE MEDICAL L.L.C.

Current Principal Place of Business:

170 PARKSIDE DRIVE
ST. AUGUSTINE, FL 32095

Current Mailing Address:

170 PARKSIDE DRIVE
ST. AUGUSTINE, FL 32095 US

FEI Number: 27-1325062

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BREWER, CONSTANCE
170 PARKSIDE DRIVE
ST. AUGUSTINE, FL 32095 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 BREWER, CONSTANCE L
Address 170 PARKSIDE DRIVE
City-State-Zip: ST. AUGUSTINE FL 32095

Title P
Name BREWER, THOMAS
Address 170 PARKSIDE DRIVE
City-State-Zip: ST AUGUSTINE FL 32095

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: THOMAS E. BREWER

PRESIDENT

03/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date