2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2015
Secretary of State
CC4632775439

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Entity Name: TROPICALASER OF DAVIE, LLC

Current Principal Place of Business:

12542 PINES BLVD
PEMBROKE PINES, FL 33027

Current Mailing Address:

12542 PINES BLVD
PEMBROKE PINES, FL 33027 US

FEI Number: 45-3137785

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EVANOFF, MARIA GABRIELA
12542 PINES BLVD
PEMBROKE PINES, FL 33027 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: MARIA GABRIELA EVANOFF 04/17/2015

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	TROPICALASER OF MIAMI, LLC	Name	JJKT ENTERPRISES, INC
Address	3661 S. MIAMI AVE. SUITE # 402	Address	746 NE 95TH STREET
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI SHORES FL 33138

Title	MGRM
Name	TL MEDICAL ENTERPRISES LLC
Address	4000 HOLLYWOOD BLVD SUITE #555-S
City-State-Zip:	HOLLYWOOD FL 33021

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: MARIA GABRIELA EVANOFF MANAGER 04/17/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date