

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000132789

Entity Name: SCHNELL MEDICAL, LLC

Current Principal Place of Business:

422 BLACK SPRINGS LANE
WINTER GARDEN, FL 34787

Current Mailing Address:

422 BLACK SPRINGS LANE
WINTER GARDEN, FL 34787 US

FEI Number: 45-4131106

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GILLEY, PAMELA S
422 BLACK SPRINGS LANE
WINTER GARDEN, FL 34787 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 MANAGER
Name GILLEY, PAMELA S
Address 422 BLACK SPRINGS LANE
City-State-Zip: WINTER GARDEN FL 34787

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: PAMELA GILLEY

MANAGER

03/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date