# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000142737

Entity Name: FORAMIS MEDICAL GROUP, LLC

### **Current Principal Place of Business:**

2122 KIRKLAND LAKE DRIVE AUBURNDALE, FL 33823

# **Current Mailing Address:**

2122 KIRKLAND LAKE DRIVE AUBURNDALE, FL 33823

# FEI Number: 27-0371002

### Name and Address of Current Registered Agent:

FLAHERTY, J. CHRISTOPHER 2122 KIRKLAND LAKE DRIVE AUBURNDALE, FL 33823 US

Certificate of Status Desired: Yes

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

# Authorized Person(s) Detail :

| Title           | MANAGING MEMBER                       | Title           | MANAGING MEMBER     |
|-----------------|---------------------------------------|-----------------|---------------------|
| Name            | FLAHERTY, J. CHRISTOPHER              | Name            | FREY, LISA A ESQ.   |
| Address         | 2122 KIRKLAND LAKE DRIVE              | Address         | 354 RILEYVILLE ROAD |
| City-State-Zip: | AUBURNDALE FL 33823                   | City-State-Zip: | RINGLES NJ 08551    |
|                 |                                       |                 |                     |
|                 |                                       |                 |                     |
| Title           | MANAGING MEMBER                       |                 |                     |
| Title<br>Name   | MANAGING MEMBER<br>GORMAN, WILLIAM J. |                 |                     |
|                 |                                       |                 |                     |
| Name            | GORMAN, WILLIAM J.                    |                 |                     |

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: J. CHRISTOPHER FLAHERTY

MANAGING MEMBER

01/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 20, 2015 Secretary of State CC4563149289

Date

Date