

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000069890

**Entity Name:** BRADLEY HEALTHCARE PLC

**Current Principal Place of Business:**

4327 S HWY 27  
PMB 122  
CLERMONT, FL 34711

**Current Mailing Address:**

4327 S HWY 27  
PMB 122  
CLERMONT, FL 34711 US

**FEI Number:** 45-5367317

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HILLIARD-LYTHGOE, BRADLEY W  
11746 CHAPELLE CT.  
CLERMONT, FL 34711 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:** BRADLEY HILLIARD-LYTHGOE

04/21/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT, CEO	Title	VP, COO
Name	HILLIARD-LYTHGOE, BRADLEY W	Name	LYTHGOE- HILLIARD, JOSEPH
Address	4327 S HWY 27 PMB 122	Address	4327 S HWY 27 PMB 122
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

*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:** BRADLEY HILLIARD-LYTHGOE

CEO

04/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date