2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2013
Secretary of State
CC8184546650

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Entity Name: TKO MEDICAL LLC

Current Principal Place of Business:

224 W PRATT STREET
STARKE, FL 32091

Current Mailing Address:

P.O. BOX 220
STARKE, FL 32091--0220 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUEST, TIMOTHY L
224 W PRATT STREET
STARKE, FL 32091 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	Title	MGRM
Name	GUEST, TIMOTHY L	Name	GUEST, KIMBERLY K
Address	P.O. BOX 220	Address	110 GENE COURT
City-State-Zip:	STARKE FL 32091-0220	City-State-Zip:	BRUNSWICK GA 31523

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY L. GUEST MGR 04/30/2013

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