

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000106614

**Entity Name:** KIM-N-JAY MEDICAL MOBILITY

**Current Principal Place of Business:**

3716 NW 97TH BLVD  
GAINESVILLE, FL 32606

**Current Mailing Address:**

3716 NW 97TH BLVD  
GAINESVILLE, FL 32606 US

**FEI Number:** 46-0860925

**Certificate of Status Desired:** No

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

WILLIAMS, KIMBERLY B  
512 SE WATERLEAF DRIVE  
LAKE CITY, FL 32024 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 MGR  
Name WILLIAMS, KIMBERLY B  
Address 512 SE WATERLEAF DRIVE  
City-State-Zip: LAKE CITY FL 32024

*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:** KIMBERLY WILLIAMS

MGR

02/18/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date