

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000138914

**Entity Name:** BRMEDICAL, LLC

**Current Principal Place of Business:**

2300 E. NORVELL BRYANT HWY  
HERNANDO, FL 34442

**Current Mailing Address:**

2300 E. NORVELL BRYANT HWY  
HERNANDO, FL 34442 US

**FEI Number:** 46-1306546

**Certificate of Status Desired:** No

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

BONO, FRANK  
2300 E. NORVELL BRYANT HWY  
HERNANDO, FL 34442 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  
Name RONZO, JAMES  
Address 2300 E. NORVELL BRYANT HWY  
City-State-Zip: HERNANDO FL 34442

Title MGRM  
Name BONO, FRANK  
Address 2300 E. NORVELL BRYANT HWY  
City-State-Zip: HERNANDO FL 34442

Title MGRM  
Name BONO, SUSAN  
Address 2300 E. NORVELL BRYANT HWY  
City-State-Zip: HERNANDO FL 34442

Title MGRM  
Name RONZO, ELIZABETH  
Address 2300 E. NORVELL BRYANT HWY  
City-State-Zip: HERNANDO FL 34442

*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:** FRANK BONO

**MGRM**

**01/13/2014**

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

\_\_\_\_\_  
Date