

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000138914

Entity Name: BRMEDICAL, LLC

Current Principal Place of Business:

5301 AVION PARK DRIVE
TAMPA, FL 33607

Current Mailing Address:

4211 WEST BOYSCOUT BLVD
SUITE 400
TAMPA, FL 33607 US

FEI Number: 46-1306546

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BONO, FRANK
4211 W. BOY SCOUT BLVD.
STE 400
TAMPA, FL 33607 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 4211 W. BOY SCOUT BLVD.
STE 400
City-State-Zip: TAMPA FL 33607

Title MGRM
Name BONO, FRANK
Address 4211 W. BOY SCOUT BLVD.
STE 400
City-State-Zip: TAMPA FL 33607

Title MGRM
Name BONO, SUSAN
Address 4211 W. BOY SCOUT BLVD.
STE 400
City-State-Zip: TAMPA FL 33607

Title MGRM
Name RONZO, ELIZABETH
Address 4211 W. BOY SCOUT BLVD.
STE 400
City-State-Zip: TAMPA FL 33607

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

REGISTERED AGENT

03/08/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date