

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000156102

Entity Name: PRESSMAN MEDICAL LLC

Current Principal Place of Business:

3059 DICK WILSON DRIVE
SARASOTA, FL 34240

Current Mailing Address:

3059 DICK WILSON DRIVE
SARASOTA, FL 34240

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OKSOV-PRESSMAN, YEKATERINA DR
3059 DICK WILSON DR
SARASOTA, FL 34240 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 OKSOV-PRESSMAN, YEKATERINA DR
Address 3059 DICK WILSON DRIVE
City-State-Zip: SARASOTA FL 34240

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: OKSOV-PRESSMAN , YEKATERINA DR

MGR

02/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date