

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000057855

**Entity Name:** FLORIDA MEDICAL SYSTEMS, LLC.

**Current Principal Place of Business:**

1493 SUNSET DRIVE  
CORAL GABLES, FL 33143

**Current Mailing Address:**

899 NW 4TH STREET  
MIAMI, FL 33128 US

**FEI Number:** 46-2780850

**Certificate of Status Desired:** No

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

STACEY, RICHARD E  
899 NW 4TH STREET  
MIAMI, FL 33128 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	AUTHORIZED MEMBER
Name	STACEY, RICHARD E	Name	GAWNE, MATTHEW F
Address	899 NW 4TH STREET	Address	899 NW 4TH STREET
City-State-Zip:	MIAMI FL 33128	City-State-Zip:	MIAMI FL 33128

*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:** RICHARD E. STACEY

**MGRM**

**01/08/2015**

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

\_\_\_\_\_  
Date