

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000070583

Entity Name: STATUS MED ASSISTANCE LLC

Current Principal Place of Business:

17070 COLLINS AVENUE
STE 257
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

17070 COLLINS AVENUE
STE 257
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 90-0987415

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEVIDOMY, VLADIMIR
17070 COLLINS AVENUE
257
SUNNY ISLES BEACH, FL 33160 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: VLADIMIR NEVIDOMY

01/13/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name NEVIDOMY, VLADIMIR
Address 2030 S OCEAN DRIVE
APT# 1504
City-State-Zip: HALLANDALE BEACH FL 33009

Title MEMBER
Name BUBUCEA, MARIANA DR.
Address 1745 E HALLANDALE BEACH BLVD
APT# 1806W
City-State-Zip: HALLANDALE FL 33009

Title MGMR
Name MUZYKA, VERA
Address 18671 COLLINS AVENUE
1502
City-State-Zip: SUNNY ISLES BEACH FL 33160-3635

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: VERA MUZYKA

MGMR

01/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date