

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000128055

**Entity Name:** SVM-MED LLC

**Current Principal Place of Business:**

1920 E HALLANDALE BCH BLVD STE 901  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1920 E HALLANDALE BCH BLVD STE 901  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 81-4902012

**Certificate of Status Desired:** No

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

SORSHER, ALEX  
900 N FEDERAL HWY  
STE 306  
HALLANDALE, FL 33009 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:** ALEX SORSHER

10/01/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            SLASTIKHIN, SERGEY  
Address        17070 COLLINS AVENUE, STE 260  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            MEDICAL DIRECTOR  
Name            STARIKOV, ALBERT D.O.  
Address        15901 COLLINS AVE  
                  APT 3205  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** SERGEY SLASTIKHIN

PRESIDENT

10/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date