

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000142930

**Entity Name:** FLEX MEDICAL CENTERS, LLC

**Current Principal Place of Business:**

7556 LAKE WORTH ROAD  
SUITE 103  
LAKE WORTH, FL 33467

**Current Mailing Address:**

125 S STATE ROAD 7  
SUITE 104-274  
WELLINGTON, FL 33414 US

**FEI Number:** 46-4045913

**Certificate of Status Desired:** No

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

BRUNO, JOHN C DR.  
125 S STATE ROAD 7  
SUITE 104-274  
WELLINGTON, FL 33414 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 GONZALEZ BRUNO, ELIZABETH L DR.  
Address 125 S STATE ROAD 7  
SUITE 104-274  
City-State-Zip: WELLINGTON FL 33414

Title MGRM  
Name BRUNO, JOHN C DR.  
Address 125 S STATE ROAD 7  
SUITE 104-274  
City-State-Zip: WELLINGTON FL 33414

*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:** ELIZABETH GONZALEZ BRUNO

**PRESIDENT/OWNER**

**04/30/2017**

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

\_\_\_\_\_  
Date