

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000142930

Entity Name: FLEX MEDICAL CENTERS, LLC

Current Principal Place of Business:

622 E 3RD AVE
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

622 E 3RD AVE
NEW SMYRNA BEACH , FL 32169

FEI Number: 46-4045913

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRUNO, JOHN C DR.
622 E 3RD AVE
NEW SMYRNA BEACH, FL 32169 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 622 E 3RD AVE
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title MGRM
Name BRUNO, JOHN C DR.
Address 622 E 3RD AVE
City-State-Zip: NEW SMYRNA BEACH FL 32169

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: GONZALEZ BRUNO , ELIZABETH L , DR.

PRESIDENT/OWNER

09/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date