

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000135173

**Entity Name:** ALL MEDICAL, LLC

**Current Principal Place of Business:**

8515 WOODWICK CT  
TAMPA, FL 33615

**Current Mailing Address:**

P.O. BOX 14880  
NORTH PALM BEACH, FL 33408

**FEI Number:** 47-1704058

**Certificate of Status Desired:** No

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

HAWLEY, PAMELA W  
8515 WOODWICK CT  
TAMPA, FL 33615 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:** PAMELA W HAWLEY

11/21/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HAWLEY, PAMELA W  
Address 8515 WOODWICK CT  
City-State-Zip: TAMPA FL 33615

*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:** PAMELA W HAWLEY

MGR

11/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date