

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000164691

**Entity Name:** BKM MEDICAL, LLC

**Current Principal Place of Business:**

8700 FRONT BEACH RD.  
3105  
PANAMA CITY BEACH, FL 32407

**Current Mailing Address:**

8700 FRONT BEACH RD.  
3105  
PANAMA CITY BEACH, FL 32407 US

**FEI Number:** 47-2154921

**Certificate of Status Desired:** No

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

MOORE, BRIAN K  
8700 FRONT BEACH RD.  
3105  
PANAMA CITY BEACH, FL 32407 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            AMBR  
Name            MOORE, BRIAN K  
Address        8700 FRONT BEACH RD., UNIT 3105  
City-State-Zip: PANAMA CITY BEACH FL 32407

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:** BRIAN MOORE

**PRESIDENT/CEO**

**04/13/2015**

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

\_\_\_\_\_  
Date