FEI Number: 47-2356636			Certificate of Status Desired: No			
Name and Address of Current Registered Agent:						
PATEL, BHAVIN 4303 PONDAPPLE DRIVE TITUSVILLE, FL 32796 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	: BHAVIN PATEL			01/25/2020		
	Electronic Signature of Registered Agent			Date		
Authorized Person(s) Detail :						
Title	AMBR	Title	AUTHORIZED MEMBER			
Name	PATEL, BHAVIN	Name	PATEL, SUMITRA			
Address	4303 PONDAPPLE	Address	4303 PONDAPPLE DRIVE			
City-State-Zip:	TITUSVILLE FL 32796	City-State-Zip:	TITUSVILLE FL 32796			

4303 PONDAPPLE DRIVE TITUSVILLE, FL 32796

DOCUMENT# L14000179026

**Current Principal Place of Business:** 

## **Current Mailing Address:**

4303 PONDAPPLE DRIVE TITUSVILLE, FL 32796 US

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## Na

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: DHANVANTARI MEDTECH SALES & SERVICES LLC

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: BHAVIN PATEL

AMBR

01/25/2020 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 25, 2020 Secretary of State

## 7883248603CC

Au Titl

Title	AMBR	Title	AUTHORIZ
Name	PATEL, BHAVIN	Name	PATEL, SU
Address	4303 PONDAPPLE	Address	4303 PONI
City-State-Zip:	TITUSVILLE FL 32796	City-State-Zip:	TITUSVILL