

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000193451

Entity Name: POWER MED LLC

Current Principal Place of Business:

1776 LAGO VISTA BLVD
PALM HARBOR, FL 34685

Current Mailing Address:

1776 LAGO VISTA BLVD
PALM HARBOR, FL 34685 US

FEI Number: 47-2768049

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOSTYLA, SCOTT A
1776 LAGO VISTA
PALM HARBOR, FL 34685 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 MGMR
Name GOSTYLA, SCOTT
Address 1776 LAGO VISTA
City-State-Zip: PALM HARBOR FL 34685

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: SCOTT GOSTYLA

MGMR

02/17/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date