

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000026810

Entity Name: BRIGHTMED HEALTH INSTITUTE, LLC

Current Principal Place of Business:

2790 N. UNIVERSITY DRIVE
DAVIE, FL 33024

Current Mailing Address:

2790 N. UNIVERSITY DRIVE
DAVIE, FL 33024 US

FEI Number: 47-3101829

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MERISIER, ELIEZER
2790 N. UNIVERSITY DRIVE
DAVIE, FL 33024 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 MANAGER
Name MERISIER, ELIEZER
Address 2790 N. UNIVERSITY DRIVE
City-State-Zip: DAVIE FL 33024

Title VP
Name JEAN, GERALD
Address 2790 N. UNIVERSITY DRIVE
City-State-Zip: DAVIE FL 33024

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: ELIEZER MERISIER

MANAGER

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date