

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000072337

**Entity Name:** TANCON SPORTS MEDICINE, LLC

**Current Principal Place of Business:**

490 NORTH STREET  
SUITE 120 D  
LONGWOOD, FL 32750

**Current Mailing Address:**

490 NORTH STREET  
SUITE 120 D  
LONGWOOD, FL 32750 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

CONDONO, MATTHEW C CCP  
490 NORTH STREET  
SUITE 120 D  
LONGWOOD, FL 32750 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            CEO  
Name            CONDONO, MATTHEW C CCP  
Address        490 NORTH STREET  
                  SUITE 120 D  
City-State-Zip: LONGWOOD FL 32750

Title            PRES  
Name            TANO, ANDRES PA-C  
Address        1750 NORTH BAYSHORE DRIVE UNIT  
                  2301  
City-State-Zip: MIAMI FL 33132

*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:** MATTHEW C. CONDONO

CEO

07/17/2016

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

\_\_\_\_\_  
Date