## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000085075

Entity Name: JAS MEDICAL, LLC

**Current Principal Place of Business:** 

5645 CORAL RIDGE DRIVE

241

CORAL SPRINGS, FL 33076

**Current Mailing Address:** 

5645 CORAL RIDGE DRIVE

CORAL SPRINGS, FL 33076 US

FEI Number: 47-4022934 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAK COURT

TAMPA, FL 33612 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

**FILED** Jan 11, 2017

**Secretary of State** 

CC2204860945

## Authorized Person(s) Detail:

Title **AMBR** 

Name DORFMAN, ANDREW

5645 CORAL RIDGE DRIVE, SUITE 241 Address

City-State-Zip: CORAL SPRINGS FL 33076

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: ANDREW DORFMAN

01/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date