

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000140562

**Entity Name:** AVIATION MEDICINE PLLC

**Current Principal Place of Business:**

7527 ULMERTON RD.  
LARGO, FL 33771

**Current Mailing Address:**

7527 ULMERTON RD.  
LARGO, FL 33771

**FEI Number:** 47-4876341

**Certificate of Status Desired:** Yes

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

KASPER, EDWARD M MD  
7527 ULMERTON RD.  
LARGO, FL 33771 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:** EDWARD M. KASPER MD

06/19/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name KASPER, EDWARD M MD  
Address 7527 ULMERTON RD.  
City-State-Zip: LARGO FL 33771

*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:** EDWARD M. KASPER MD

**PRES**

06/19/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date