## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000057227

Entity Name: REVELA MEDICAL, LLC

**Current Principal Place of Business:** 

13650 FIDDLESTICKS BLVD., STE.202-301

FORT MYERS, FL 33912

## **Current Mailing Address:**

13650 FIDDLESTICKS BLVD., STE.202-301 FORT MYERS, FL 33912

FEI Number: 81-1952489 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CLOUGH, JOHN ESQ. 13650 FIDDLESTICKS BLVD 202-301 FORT MYERS, FL 33912 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 Jun 24, 2020

**Secretary of State** 

1460080084CC

## Authorized Person(s) Detail:

Title AMBR

Name MED INTEGRATED HOLDINGS, INC.
Address 13650 FIDDLESTICKS BLVD., STE.202-

301

City-State-Zip: FORT MYERS FL 33912

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: EDITH ADAMS PRESIDENT 06/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date