

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L17000085859

**Entity Name:** HEMO MEDIKA CARE LLC

**Current Principal Place of Business:**

3425 10TH ST N  
SUITE 1  
NAPLES, FL 34103

**Current Mailing Address:**

3425 10TH ST N  
SUITE 1  
NAPLES, FL 34103 US

**FEI Number:** 38-4035421

**Certificate of Status Desired:** No

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

LESKANICOVA, MIRIAM  
431 VALERIE WAY UNIT 104  
NAPLES, FL 34104 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:** MIRIAM LESKANICOVA

10/22/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	LESKANICOVA, MIRIAM	Name	SPISAK, PETER
Address	431 VALERIE WAY UNIT 104	Address	431 VALERIE WAY UNIT 104
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104

*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:** MIRIAM LESKANICOVA

MGRM

10/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date