

**2020 FLORIDA LIMITED LIABILITY COMPANY 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

03/24/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title MGR  
Name SPISAK, PETER  
Address NA BREHU 4  
City-State-Zip: KOSICE -- 04018

Title MGR  
Name HULIK, MICHAL  
Address POPRADSKA 2416/64F  
City-State-Zip: KOSICE 04011

*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

MGR

03/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date