

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000206298

Entity Name: SIMEDHEALTH, L.L.C.

Current Principal Place of Business:

4343 W. NEWBERRY ROAD, SUITE 18
GAINESVILLE, FL 32607

Current Mailing Address:

P.O. BOX 357010
GAINESVILLE, FL 32635 US

FEI Number: 82-3017080

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALKER, GARY
JOHNSON POPE BOKOR RUPPEL & BURNS LLP
401 E JACKSON ST, SUITE 3100
TAMPA, FL 33602 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SIMED ENTERPRISES, LLC	Name	GAINESVILLE GI, LLC
Address	4343 W. NEWBERRY ROAD, SUITE 18	Address	6400 W. NEWBERRY RD., SUITE 302
City-State-Zip:	GAINESVILLE FL 32607	City-State-Zip:	GAINESVILLE FL 32605

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: DANIEL M DUNCANSON MD CPE

MANAGING MEMBER

01/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date