

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000225748

**Entity Name:** BRIGHT FUTURES MEDICAL INSTITUTE LLC

**Current Principal Place of Business:**

3537 53RD AVENUE WEST  
BRADENTON, FL 34210

**Current Mailing Address:**

3537 53RD AVENUE WEST  
BRADENTON, FL 34210 US

**FEI Number: 83-2045709**

**Certificate of Status Desired: No**

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

LAMBERT, NICOLE  
3537 53RD AVENUE WEST  
BRADENTON, FL 34210 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 AP  
Name LAMBERT, NICOLE  
Address 3537 53RD AVENUE WEST  
City-State-Zip: BRADENTON FL 34210

*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: NICOLE LAMBERT**

**06/23/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date