

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000235898

**Entity Name:** TBS MEDICAL LLC

**Current Principal Place of Business:**

11200 BISCAYNE BLVD  
111  
MIAMI, FL 33181

**Current Mailing Address:**

11200 BISCAYNE BLVD  
111  
MIAMI, FL 33181 US

**FEI Number:** 84-3357234

**Certificate of Status Desired:** No

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

POYER, PAULA  
11200 BISCAYNE BLVD  
111  
MIAMI, FL 33181 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	TERRY, TEMOER	Name	TERRY, DALE
Address	11200 BISCAYNE BLVD 111	Address	434 MILLERS LANE
City-State-Zip:	MIAMI FL 33181	City-State-Zip:	MCPHERSON 67460

*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:** TEMOER TERRY

**MEMBER**

**02/21/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date