

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000132112

**Entity Name:** FVL MEDICAL LLC

**Current Principal Place of Business:**

13728 CHESTERSALL DR  
TAMPA, FL 33624

**Current Mailing Address:**

13728 CHESTERSALL DR  
TAMPA, FL 33624 US

**FEI Number:** 86-2761730

**Certificate of Status Desired:** No

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

PARSONS, JANET  
13728 CHESTERSALL DR  
TAMPA, FL 33624 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  
Name PARSONS, JANET  
Address 13728 CHESTERSALL DR  
City-State-Zip: TAMPA FL 33624

*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:** JANET PARSONS

MGR

02/17/2026

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

\_\_\_\_\_  
Date