

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000460804

**Entity Name:** BHG MEDICAL, LLC

**Current Principal Place of Business:**

2093 W ATLANTIC AVE  
APT 4514  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

2093 W ATLANTIC AVE  
APT 4514  
DELRAY BEACH, FL 33445 US

**FEI Number:** 93-3804665

**Certificate of Status Desired:** No

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

FLORIDA'S LAW OFFICE, PLLC  
4809 E BUSCH BLVD  
SUITE 204  
TAMPA, FL 33617 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 GOLDMAN, BRIAN H  
Address 2093 W ATLANTIC AVE  
APT 4514  
City-State-Zip: DELRAY BEACH FL 33445

*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:** BRIAN GOLDMAN

**MANAGER**

**02/06/2024**

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

\_\_\_\_\_  
Date