

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000007865

Entity Name: BIOTE MEDICAL, LLC**Current Principal Place of Business:**1875 W WALNUT HILL LN
STE 100
IRVING, TX 75038**Current Mailing Address:**1875 W WALNUT HILL LN
STE 100
IRVING, TX 75038 US**FEI Number:** 27-0637642**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
2ND FL
TALLAHASSEE, FL 32301 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	MEMBER
Name	DONOVITZ, GARY S MD
Address	1875 W WALNUT HILL LN STE 100
City-State-Zip:	IRVING TX 75038

Title	MEMBER
Name	DONOVITZ FAMILY IRREVOCABLE TRUST
Address	1875 W WALNUT HILL LN STE 100
City-State-Zip:	IRVING TX 75038

Title	MEMBER
Name	M DONOVITZ IRREVOCABLE TRUST
Address	1875 W WALNUT HILL LN STE 100
City-State-Zip:	IRVING TX 75038

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: GARY S. DONOVITZ, MD

MEMBER

05/01/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date