

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000005438

**Entity Name:** BURLINGTON MEDICAL LLC

**Current Principal Place of Business:**

3 ELMHURST STREET  
NEWPORT NEWS, VA 23603

**Current Mailing Address:**

3 ELMHURST STREET  
NEWPORT NEWS, VA 23603 US

**FEI Number:** 47-3716189

**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            CEO  
Name            WILLIAMS, JOHN  
Address        3 ELMHURST STREET  
City-State-Zip: NEWPORT NEWS VA 23603

Title            OWNR  
Name            FOX-PENINSULA HOLDINGS, INC.  
Address        500 WOODWARD AVENUE, SUITE  
                  2800  
City-State-Zip: DETROIT MI 48226

Title            S  
Name            BRADLEY, LISA  
Address        3 ELMHURST STREET  
City-State-Zip: NEWPORT NEWS VA 23603

*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:** LISA BRADLEY

**CONTROLLER**

**03/26/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date