

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000004537

Entity Name: COALITION MEDICAL COMPANY, LLC

Current Principal Place of Business:

3012 N US-301 SUITE 1000
TAMPA, FL 33619

Current Mailing Address:

3012 N US-301 SUITE 1000
TAMPA, FL 33619 US

FEI Number: 82-1566643

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ST. AUGUSTINE LAW GROUP, P.A.
320 HIGH TIDE DR
ST. AUGUSTINE, FL 32080 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 COALITION MEDICAL, INC.
Address 9907 8TH ST UNIT 1267
City-State-Zip: GOTHA FL 34734

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: THOMAS A. RONZINO

VP

01/17/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date