

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000005353

**Entity Name:** CUSTOM FLORIDA MEDICAL, L.L.C.

**Current Principal Place of Business:**

2901 BUTTERFIELD RD  
OAK BROOK, IL 60523

**Current Mailing Address:**

2901 BUTTERFIELD RD  
OAK BROOK, IL 60523 US

**FEI Number:** 84-1933557

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CUSTOM FLORIDA MANAGER, L.L.C.  
Address 2901 BUTTERFIELD RD  
City-State-Zip: OAK BROOK IL 60523

*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:** DIONE MCCONNELL

SENIOR VP OF SOLE  
MEMBER OF SOLE  
MANAGER

04/24/2020

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

\_\_\_\_\_  
Date