

2021 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**

01/19/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date