

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000120519

**Entity Name:** LOGISTIXMD, INC.

**Current Principal Place of Business:**

7100 PINES BLVD STE 19  
PEMBROKE PINES, FL 33024-7355

**Current Mailing Address:**

7100 PINES BLVD STE 19  
PEMBROKE PINES, FL 33024-7355 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MENENDEZ, LANNY  
7100 PINES BLVD STE 19  
PEMBROKE PINES, FL 33024-7355 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

**Officer/Director Detail :**

Title D  
Name MENENDEZ, LANNY  
Address 7100 PINES BLVD STE 19  
City-State-Zip: PEMBROKE PINES FL 33024

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LANNY MENENDEZ

D

01/31/2023

Electronic Signature of Signing Officer/Director Detail

Date