# 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L08000048908

Entity Name: VIRTUALMED, LLC

### **Current Principal Place of Business:**

16899 NE 15TH AVENUE NORTH MIAMI BEACH, FL 33162

## **Current Mailing Address:**

16899 NE 15TH AVENUE NORTH MIAMI BEACH, FL 33162 US

## FEI Number: 26-2657704

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

BERND WOLLSCHLAEGER,MD PA 16899 NE 15TH AVENUE NORTH MIAMI BEACH, FL 33162 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.

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

TitleMGRMNameWOLLSCHLAEGER, BERNDAddress16899 N.E. 15TH AVENUECity-State-Zip:NORTH MIAMI BEACH FL 33162

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: BERND WOLLSCHLAEGER, MD

MGRM

06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jun 29, 2020 Secretary of State 6190888056CC

Certificate of Status Desired: No

06/29/2020

Date

Date