

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000103374

**Entity Name:** JEDX MEDCARE LLC

**Current Principal Place of Business:**

4257 SW WINSLOW ST  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

4257 SW WINSLOW ST  
PORT SAINT LUCIE, FL 34953 US

**FEI Number:** 27-1326903

**Certificate of Status Desired:** No

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

VOUTILA, REINO J  
4257 SW WINSLOW ST  
PORT SAINT LUCIE, FL 34953 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 NURMINEN, JARI HARRY ERIK  
Address KOYSIKUJA 1 01640 VANTAA  
FINLAND  
4257 SW WINSLOW STREET  
City-State-Zip: PORT ST. LUCIE FL 34953

Title MGR  
Name MIKKONEN, JUHA  
Address KOYSIKUJA 1 01640 VANTAA  
FINLAND  
4257 SW WINSLOW STREET  
City-State-Zip: PORT ST. LUCIE FL 34953

Title MGRM  
Name VOUTILA, REINO J.  
Address 4257 SW WINSLOW ST  
City-State-Zip: PORT SAINT LUCIE FL 34953

*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:** NURMINEN JARI

MANAGER

04/06/2021

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

\_\_\_\_\_  
Date