

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000103374

**Entity Name:** JEDX MEDCARE LLC**Current Principal Place of Business:**10520 SW STEPHANIE WAY  
206  
PORT SAINT LUCIE, FL 34987**Current Mailing Address:**10520 SW STEPHANIE WAY  
206  
PORT SAINT LUCIE, FL 34987 US**FEI Number:** 27-1326903**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VOUTILA, REINO J  
10520 SW STEPHANIE WAY 206  
PORT SAINT LUCIE, FL 34987 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 10520 SW STEPHANIE WAY 206
City-State-Zip:	PORT ST. LUCIE FL 34987

Title	MGR
Name	MIKKONEN, JUHA
Address	KOYSIKUJA 1 01640 VANTAA FINLAND 10520 SW STEPHANIE WAY 206
City-State-Zip:	PORT ST. LUCIE FL 34987

Title	MGRM
Name	VOUTILA, REINO J.
Address	10520 SW STEPHANIE WAY 206
City-State-Zip:	PORT SAINT LUCIE FL 34987

*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:** VOUTILA REINO J**REGISTERED AGENT****03/04/2024**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date