

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000135749

**Entity Name:** RUSH MEDICAL, LLC

**Current Principal Place of Business:**

8297 CHAMPIONSGATE BLVD.  
STE 330  
CHAMPIONSGATE, FL 33896

**Current Mailing Address:**

8297 CHAMPIONSGATE BLVD  
STE 330  
CHAMPIONSGATE, FL 33896 US

**FEI Number:** 45-3953910

**Certificate of Status Desired:** No

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

RUSH, CHRISTOPHER  
8297 CHAMPIONSGATE BLVE  
STE 330  
CHAMPIONSGATE, FL 33896 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 RUSH, CHRISTOPHER  
Address 8297 CHAMPIONSGATE BLVD  
STE 330  
City-State-Zip: CHAMPIONSGATE FL 33896

*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:** CHRISTOPHER RUSH

MGR

04/30/2024

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

\_\_\_\_\_  
Date