

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000062059

**Entity Name:** 7926 MEDICAL, LLC

**Current Principal Place of Business:**

4004 W OBISPO ST.  
TAMPA, FL 33629

**Current Mailing Address:**

4004 W OBISPO ST.  
TAMPA, FL 33629

**FEI Number:** 45-5344079

**Certificate of Status Desired:** No

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

RIVERA, HECTOR J  
4004 W OBISPO ST.  
TAMPA, FL 33629 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:** HECTOR J. RIVERA

03/13/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER, PRESIDENT, SECRETARY,  
                  TREASURER  
Name           RIVERA, HECTOR J.  
Address        4004 W OBISPO ST.  
City-State-Zip: TAMPA FL 33629

*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:** HECTOR J. RIVERA

MANAGER

03/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date