

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000112361

**Entity Name:** GETMED HOLDINGS, LLC

**Current Principal Place of Business:**

8765 WATERCREST CIRCLE EAST  
PARKLAND, FL 33076

**Current Mailing Address:**

8765 WATERCREST CIRCLE EAST  
PARKLAND, FL 33076 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

DIAZ, ROLANDO A  
1430 SOUTH DIXIE HIGHWAY  
SUITE 313  
CORAL GABLES, FL 33146 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 SHINTRE, NIRANJAN  
Address 8765 WATERCREST CIRCLE EAST  
City-State-Zip: PARKLAND FL 33076

Title MGR  
Name SHINTRE, LATA  
Address 8765 WATERCREST CIRCLE EAST  
City-State-Zip: PARKLAND FL 33076

*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:** NIRANJAN SHINTRE

**MANAGER**

**06/18/2020**

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

\_\_\_\_\_  
Date