

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000010213

Entity Name: TRANSITIONAL MEDICAL MANAGEMENT, LLC

Current Principal Place of Business:

12957 TURTLE COVE TRAIL
NORTH FORT MYERS , FL 33903

Current Mailing Address:

12957 TURTLE COVE TRAIL
NORTH FORT MYERS , FL 33903 US

FEI Number: 47-2820079

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEAULIEU, JEANNE R
12957 TURTLE COVE TRAIL
NORTH FORT MYERS , FL 33903 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 MGMR
Name BEAULIEU, JEANNE R
Address 3537 MALAGROTTA CIR
City-State-Zip: CAPE CORAL FL 33909

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: JEANNE BEAULIEU

MANAGER

06/09/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date