

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000103235

**Entity Name:** PN MEDICAL FLORIDA FUND, LLC

**Current Principal Place of Business:**

1311 N WESTSHORE BLVD  
STE 101  
TAMPA, FL 33607

**Current Mailing Address:**

1311 N WESTSHORE BLVD  
STE 101  
TAMPA, FL 33607 US

**FEI Number:** 47-4259298

**Certificate of Status Desired:** No

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

HUNTER BUSINESS LAW  
119 S DAKOTA AVENUE  
SUITE 318  
TAMPA, FL 33606 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 FLORIDA FUNDERS MANAGEMENT  
LLC  
Address 1311 N WESTSHORE BLVD  
STE 101  
City-State-Zip: TAMPA FL 33607

*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:** THOMAS WALLACE

**MANAGER**

**06/30/2020**

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

\_\_\_\_\_  
Date