

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000125373

Entity Name: MEDFX, LLC

Current Principal Place of Business:

90 KERRY PLACE
SUITE 2
NORWOOD, MA 02062

Current Mailing Address:

90 KERRY PLACE
SUITE 2
NORWOOD, MA 02062 US

FEI Number: 32-0471285

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLOUGH, EARL
3170 OLD METRO PARKWAY
FORT MYERS, FL 33916 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	Title	MGR
Name	PERRY, STEPHEN	Name	ROSSETTI GILMORE, DONNA
Address	90 KERRY PLACE, SUITE 2	Address	90 KERRY PLACE, SUITE 2
City-State-Zip:	NORWOOD MA 02062	City-State-Zip:	NORWOOD MA 02062

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: DONNA ROSSETTI GILMORE

MANAGER

04/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date