

**2023 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 , 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

**MANAGER**

**03/07/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date