

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000060143

Entity Name: MEDTHERAPY LLC**Current Principal Place of Business:**808 VENICE AVE
VENICE, FL 34285**Current Mailing Address:**33131 SERENE DR
PUNTA GORDA, FL 33982 US**FEI Number:** 81-2020558**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MASON, FRANCES G ESQ
33131 SERENE DR
PUNTA GORDA, FL 33982 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	MGRM	Title	MGRM
Name	BMFA LLC	Name	PHOENIX MEDICAL CONSULTING INC.
Address	808 VENICE AVE	Address	33131 SERENE DR
City-State-Zip:	VENICE FL 34285	City-State-Zip:	PUNTA GORDA FL 33982
Title	MGRM		
Name	EMPHY PA		
Address	9020 MISTY CREEK DR		
City-State-Zip:	SARASOTA FL 34241		

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: C. JOHN MASON MD

MGRM

01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date