

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000180553

**Entity Name:** TRUSTEDMEDRX, LLC

**Current Principal Place of Business:**

6971 N FEDERAL HWY #202  
BOCA RATON, FL 33487

**Current Mailing Address:**

1200 S ROGERS CIRCLE #4  
BOCA RATON, FL 33487 US

**FEI Number: 36-4848798**

**Certificate of Status Desired: No**

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

MURPHY, MALCOLM  
1200 S ROGERS CIRCLE #4  
BOCA RATON, FL 33487 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 AMBR  
Name WOLFE, STEPHEN  
Address 16242 ROSECROFT TERRACE  
City-State-Zip: DELRAY BEACH FL 33446

Title AMBR  
Name INAMDAR, ANUP  
Address 21830 BANYANWOOD ROAD  
City-State-Zip: BOCA RATON FL 33433

*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: STEPHEN WOLFE**

**MANAGING MEMBER**

**02/06/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date