

2020 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

Title AMBR
Name PLONSKY, BRYAN
Address 1200 S ROGERS CIRCLE #4
City-State-Zip: BOCA RATON FL 33487

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: BRYAN PLONSKY

MANAGER

01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date