

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000180553

**Entity Name:** TRUSTEDMEDRX, LLC

**Current Principal Place of Business:**

1200 S ROGERS CIRCEL #4A  
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        17734 CADENA DRIVE  
City-State-Zip: BOCA RATON FL 33496

Title            AMBR/ MGR  
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**

**01/19/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date