

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L16000219971

**Entity Name:** LABRUNDA MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

851 BERT RD  
APT 13  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

851 BERT RD  
APT 13  
JACKSONVILLE, FL 32211 US

**FEI Number:** 81-4613067

**Certificate of Status Desired:** No

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

FLAVIN, NOONEY & PERSON  
2200 S. BABCOCK ST.  
MELBOURNE, FL 32901 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:** THOMAS P FLAVIN

08/09/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LABRUNDA, MICHELLE A  
Address 2908 RIVERVIEW DR.  
City-State-Zip: MELBOURNE FL 32901

*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:** MICHELLE LABRUNDA

MGR

08/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date