

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000093168

**Entity Name:** JOHNSON AND JOHNSON MEDICAL SOLUTIONS, LLC

**Current Principal Place of Business:**

7825 3RD AVENUE SOUTH  
SAINT PETERSBURG, FL 33707

**Current Mailing Address:**

7825 3RD AVE S  
ST PETERSBURG, FL 33707-1025 US

**FEI Number:** 82-1394346

**Certificate of Status Desired:** No

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

JOHNSON, TIMOTHY E  
7825 3 AVENUE SOUTH  
SAINT PETERSBURG, FL 33707 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 P  
Name JOHNSON, TIMOTHY E  
Address 7825 3 AVENUE SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33707

Title VP  
Name JOHNSON, RITA  
Address 7825 3 AVENUE SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33707

*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:** TIMOTHY E JOHNSON

**PRESIDENT**

**02/06/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date