

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000165635

Entity Name: MED THERAPY RX CONSULTANTS, LLC

Current Principal Place of Business:

5170 NW PINE TRAIL CIRCLE
PORT ST. LUCIE, FL 34983

Current Mailing Address:

5170 NW PINE TRAIL CIRCLE
PORT ST. LUCIE, FL 34983 US

FEI Number: 83-1445017

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TAYLOR, STEPHANIE A. DR.
5170 NW PINE TRAIL CIRCLE
PORT ST. LUCIE, FL 34983 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: DR. STEPHANIE A. TAYLOR

03/26/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AP
Name TAYLOR, STEPHANIE A. DR.
Address 5170 NW PINE TRAIL CIRCLE
City-State-Zip: PORT ST. LUCIE FL 34983

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: DR. STEPHANIE A. TAYLOR

AP

03/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date