

**2020 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:** No

**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

06/29/2020

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:** STEPHANIE TAYLOR

STEPHANIE TAYLOR

06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date