

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000064399

Entity Name: NORTH POINT MEDICAL LLC

Current Principal Place of Business:

111 N 2ND ST
STE 102
FORT PIERCE, FL 34950

Current Mailing Address:

111 N 2ND ST
STE 102
FORT PIERCE, FL 34950 US

FEI Number: 83-3876851

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OSTROWSKI, TARA
111 N 2ND ST
STE 102
FORT PIERCE, FL 34950 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 MGR
Name OSTROWSKI, TARA
Address 111 N 2ND ST., STE 102
City-State-Zip: FORT PIERCE FL 34950

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: TARA OSTROWSKI

MGR

05/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date