

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000108146

**Entity Name:** 24/7 MEDLAB LLC

**Current Principal Place of Business:**

DREW STREET  
2251A  
CLEARWATER, FL 33765

**Current Mailing Address:**

DREW STREET  
2251A  
CLEARWATER, FL 33765 US

**FEI Number:** 47-4523698

**Certificate of Status Desired:** No

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

KHARSHOUM, AMR A P  
DREW STREET  
2251A  
CLEARWATER, FL 33765 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 KHARSHOUM, AMR A P  
Address 2251A DREW STREET  
City-State-Zip: CLEARWATER FL 33765

*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:** AMR KHARSHOUM

**PRESIDENT**

**01/15/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date