

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000203105

**Entity Name:** MEDERI HEALTH SOLUTIONS, LLC

**Current Principal Place of Business:**

12384 SW 82ND AVE.  
PINECREST, FL 33156

**Current Mailing Address:**

12384 SW 82ND AVE.  
PINECREST, FL 33156

**FEI Number:** 84-3431315

**Certificate of Status Desired:** No

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

SASSO, PAUL R ESQ.  
12384 SW 82ND AVE.  
PINECREST, FL 33156 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           MANAGER  
Name           SASSO, PAUL R.  
Address        12384 SW 82ND AVE.  
City-State-Zip: PINECREST FL 33156

*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:** PAUL SASSO

MANAGER

01/31/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date