

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000054390

**Entity Name:** GRACEMED, PLLC

**Current Principal Place of Business:**

15659 LAGUANA HILLS DRIVE  
FORT MYERS, FL 33908

**Current Mailing Address:**

15659 LAGUANA HILLS DRIVE  
FORT MYERS, FL 33908

**FEI Number: 84-4834683**

**Certificate of Status Desired: No**

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

GSK REGISTERED AGENTS, INC.  
1380 ROYAL PALM SQUARE BLVD.  
FORT MYERS, FL 33919 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	Title	MGR
Name	LUCHIN, ANA MD	Name	LUCHIN, ION
Address	15659 LAGUANA HILLS DRIVE	Address	15659 LAGUANA HILLS DRIVE
City-State-Zip:	FORT MYERS FL 33908	City-State-Zip:	FORT MYERS FL 33908

*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: ION LUCHIN**

**MANAGER**

**04/19/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date