

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000274384

**Entity Name:** PROFESSIONAL MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

10852 LEM TURNER ROAD  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

10852 LEM TURNER ROAD  
JACKSONVILLE, FL 32218 US

**FEI Number:** 85-2983649

**Certificate of Status Desired:** Yes

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

ORBE, COURTNEY L  
10852 LEM TURNER ROAD  
JACKSONVILLE, FL 32218 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 ORBE, COURTNEY L  
Address 194 LEE DRIVE N  
City-State-Zip: MIDDLEBURG FL 32068

*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:** COURTNEY ORBE

**OWNER**

**04/07/2021**

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

\_\_\_\_\_  
Date