

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000313139

**Entity Name:** THERAMEDZ LLC.

**Current Principal Place of Business:**

13900 COUNTY RD 455 STE 107  
CLERMONT, FL 34711

**Current Mailing Address:**

13900 COUNTY RD 455 STE 107  
CLERMONT, FL 34711

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BOUGHMAN, ERIC  
2200 LUCIEN WAY STE 405  
MAITLAND, FL 32751 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 COLLABRATIVE PARTNERSHIP, LLC  
Address 13900 COUNTY RD 455 STE 107  
City-State-Zip: CLERMONT FL 34711

*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:** ERIC BOUGHMAN

**REGISTERED AGENT**

**04/22/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date