

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000357807

**Entity Name:** MEMPHIS MEDICA LLC

**Current Principal Place of Business:**

1001 YAMATO ROAD  
SUITE 310  
BOCA RATON, FL 33431

**Current Mailing Address:**

1001 YAMATO ROAD  
SUITE 310  
BOCA RATON, FL 33431 US

**FEI Number:** 85-4015390

**Certificate of Status Desired:** No

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

SCHREIBER, BRUCE L  
1001 YAMATO ROAD  
SUITE 310  
BOCA RATON, FL 33431 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 SCHREIBER, BRUCE L  
Address 1001 YAMATO ROAD, SUITE 310  
City-State-Zip: BOCA RATON FL 33431

Title AUTHORIZED MEMBER  
Name SCHREIBER, SHERRI  
Address 1001 YAMATO ROAD  
SUITE 310  
City-State-Zip: BOCA RATON FL 33431

Title AUTHORIZED MEMBER  
Name MILLER, HINDA  
Address 1001 YAMATO ROAD  
SUITE 310  
City-State-Zip: BOCA RATON FL 33431

Title AUTHORIZED MEMBER  
Name MILLER, JOEL  
Address 1001 YAMATO ROAD  
SUITE 310  
City-State-Zip: BOCA RATON FL 33431

*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:** BRUCE SCHREIBER

**PRESIDENT**

**04/21/2022**

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

\_\_\_\_\_  
Date