

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000070831

**Entity Name:** THO DOCS LLC

**Current Principal Place of Business:**

640 DARTMOUTH ST.  
ORLANDO, FL 32804

**Current Mailing Address:**

640 DARTMOUTH ST.  
ORLANDO, FL 32804

**FEI Number:** 86-2563475

**Certificate of Status Desired:** No

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

HAQUE, FAROOQ  
455 NE 5TH AVE  
SUITE D296  
DELRAY BEACH, FL 33483 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 HAQUE, FAROOQ  
Address 455 NE 5TH AVE SUITE D296  
City-State-Zip: DELRAY BEACH FL 33483

Title MGR  
Name JOYCE, KEVIN  
Address 640 DARTMOUTH ST.  
City-State-Zip: ORLANDO FL 32804

Title MGR  
Name SMITH, CHRIS  
Address 640 DARTMOUTH ST.  
City-State-Zip: ORLANDO FL 32803

Title AMBR  
Name TELEHEALTH OPTIONS LLC  
Address 455 NE 5TH AVE SUITE D296  
City-State-Zip: DELRAY BEACH FL 33483

*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:** FAROOQ HAQUE

MGR

04/28/2022

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

\_\_\_\_\_  
Date