

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000241122

**Entity Name:** SPECIALTY MD, LLC

**Current Principal Place of Business:**

13500 SUTTON PARK DRIVE S.  
SUITE 202  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

13500 SUTTON PARK DRIVE S.  
SUITE 202  
JACKSONVILLE, FL 32224

**FEI Number:** 87-1045482

**Certificate of Status Desired:** No

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

JALEEL, FIAZ  
13500 SUTTON PARK DRIVE S.  
SUITE 202  
JACKSONVILLE, FL 32224 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 P  
Name JALEEL, FIAZ  
Address 13500 SUTTON PARK DRIVE S., SUITE  
202  
City-State-Zip: JACKSONVILLE FL 32224

*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:** FIAZ JALEEL

P

04/21/2024

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

\_\_\_\_\_ Date