

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000484628

**Entity Name:** IMMERSION MD, LLC

**Current Principal Place of Business:**

5171 COMMISSIONERS DR  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

5171 COMMISSIONERS DR  
JACKSONVILLE, FL 32224 US

**FEI Number: 88-1273317**

**Certificate of Status Desired: No**

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

DEGESYS, MYKOLAS  
5171 COMMISSIONERS DR  
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 MGR  
Name DEGESYS, MYKOLAS  
Address 5171 COMMISSIONERS DR,  
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: MYKOLAS DEGESYS**

**MGR**

**02/13/2024**

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

\_\_\_\_\_ Date