

2023 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

01/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date