

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000035869

Entity Name: THE RIGHT MEDICAL SOLUTION, LLC

Current Principal Place of Business:

5310 LENOX AVE. #22
JACKSONVILLE, FL 32205

Current Mailing Address:

PO BOX 61072
JACKSONVILLE, FL 32236 US

FEI Number: 87-4496309

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SMITH, JENNIFER J
5310 LENOX AVE. #22
JACKSONVILLE, FL 32205 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 MANAGER
Name SMITH, JENNIFER JAVONNE
Address 5310 LENOX AVE. #22
City-State-Zip: JACKSONVILLE FL 32205

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: JENNIFER SMITH

OWNER, MANAGER

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date