

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000373158

**Entity Name:** MEDICAL SPORTS LLC

**Current Principal Place of Business:**

3836 W. HILLSBORO BOULEVARD  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

3836 W. HILLSBORO BOULEVARD  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** 88-3866850

**Certificate of Status Desired:** No

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

TCHOULHAKIAN, HAROUT  
13088 ANTHORNE LANE  
BOYNTON BEACH, FL 33436 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 TCHOULHAKIAN, HAROUT  
Address 13088 ANTHORNE LANE  
City-State-Zip: BOYNTON BEACH FL 33436

*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:** HAROUT TCHOULHAKIAN

**OWNER**

**04/29/2024**

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

\_\_\_\_\_ Date