

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000523874

**Entity Name:** WEST MEDRX LLC

**Current Principal Place of Business:**

375 E CENTRAL AVE, STE 373B  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

800 NE 62ND STREET, #416  
FORT LAUDERDALE, FL 33334 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HARWOOD, CHRISTOPHER  
800 NE 62ND STREET, #416  
FORT LAUDERDALE, FL 33334 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:** CHRISTOPHER HARWOOD

01/04/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HARWOOD, CHRISTOPHER MGR  
Address 800 NE 62ND STREET, #416  
City-State-Zip: FORT LAUDERDALE FL 33334

*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:** CHRISTOPHER HARWOOD

MGR

01/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date