

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000157841

**Entity Name:** M DAVIS MEDICAL, LLC

**Current Principal Place of Business:**

1334 RACHEL LANE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1334 RACHEL LANE  
TALLAHASSEE, FL 32308 UN

**FEI Number:** 53-4029667

**Certificate of Status Desired:** No

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

DAVIS, MATTHEW C  
1334 RACHEL LANE  
TALLAHASSEE, FL 32308 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 DAVIS, MATTHEW C  
Address 1334 RACHEL LANE  
City-State-Zip: TALLAHASSEE FL 32308

*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:** MATTHEW DAVIS

PHYSICIAN

03/22/2024

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

\_\_\_\_\_ Date