

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000011525

**Entity Name:** 2020 MEDICAL ADVISORY GROUP, LLC

**Current Principal Place of Business:**

20 NORTH MAIN STREET  
SOUTH YARMOUTH, MA 02664

**Current Mailing Address:**

20 NORTH MAIN STREET  
SOUTH YARMOUTH, MA 02664 US

**FEI Number:** 84-3785485

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 VEARA, E. JAMES  
Address 20 NORTH MAIN STREET  
City-State-Zip: SOUTH YARMOUTH MA 02664

Title MGR  
Name DAVENPORT, DEWITT P  
Address 20 NORTH MAIN STREET  
City-State-Zip: SOUTH YARMOUTH MA 02664

*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:** DEWITT P DAVENPORT

**MANAGER**

**03/01/2024**

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

\_\_\_\_\_  
Date