## 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000016594

Entity Name: ONEDIGITAL MEDICARE SERVICES LLC

**Current Principal Place of Business:** 

200 GALLERIA PARKWAY STE 1950

ATLANTA, GA 30339

**Current Mailing Address:** 

200 GALLERIA PARKWAY STE 1950 ATLANTA, GA 30339 US

FEI Number: NOT APPLICABLE 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

**FILED** Apr 03, 2024

**Secretary of State** 

1597299962CC

Authorized Person(s) Detail:

Title MANAGER Title **MANAGER** 

BRUCKMAN, ADAM RISTAU, CHUCK Name Name

Address 200 GALLERIA PARKWAY Address 200 GALLERIA PARKWAY

> STE 1950 STE 1950

ATLANTA GA 30339 ATLANTA GA 30339 City-State-Zip: City-State-Zip:

Title **MANAGER** Title **MANAGER** 

SULLIVAN, MICHAEL BUKOWSKI, STANLEY Name Name

200 GALLERIA PARKWAY 200 GALLERIA PARKWAY Address Address STE 1950

STE 1950

ATLANTA GA 30339 ATLANTA GA 30339 City-State-Zip: City-State-Zip:

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.

MANAGER

Electronic Signature of Signing Authorized Person(s) Detail