

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M23000012650

Entity Name: ISCRIBEMD LLC

Current Principal Place of Business:

5923 RENAISSANCE PLACE
TOLEDO, OH 43523

Current Mailing Address:

PO BOX 351357
TOLEDO, OH 43623 US

FEI Number: 80-0725871

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 CUSHMAN, MARSHA
Address 26767 MOHAWK DR.
City-State-Zip: PERRYSBURG OH 43551

Title MGR
Name POLLOCK, JUSTIN
Address 9110 TURK RD.
City-State-Zip: OTTAWA LAKE MI 49267

Title MGR
Name WILSON-SOBB, JESSICA
Address 9132 BEAUTIFUL LN
City-State-Zip: SYLVANIA OH 43560

Title MGR
Name MATUSZYNSKI, JENNIFER
Address 14951 STONEHAVEN DR.
City-State-Zip: PERRYSBURG OH 43551

Title MGR
Name SHARMA, MONISH
Address 2115 LAKESHORE DR.
City-State-Zip: COMMERCE MI 48382

Title MGR
Name HEISLER, SHAWNA
Address 5923 RENAISSANCE PLACE
City-State-Zip: TOLEDO OH 43623

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: SHAWNA HEISLER

PRESIDENT AND CEO

02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date