

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000001802

**Entity Name:** RUTHMAN MEDICAL GROUP, LLC

**Current Principal Place of Business:**

2741 EXECUTIVE PARK DRIVE  
SUITE # 4  
WESTON, FL 33331

**Current Mailing Address:**

2741 EXECUTIVE PARK DRIVE  
SUITE # 4  
WESTON, FL 33331

**FEI Number:** 61-1516577

**Certificate of Status Desired:** No

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

MURRAY, BARRINGTON ADR  
12350 NW 23 CT  
PLANTATION, FL 33323 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 DR  
Name RUTHMAN, KAREN E  
Address 12350 NW 23 CT  
City-State-Zip: PLANTATION FL 33323

Title DR  
Name MURRAY, BARRINGTON A  
Address 12350 NW 23 CT  
City-State-Zip: PLANTATION FL 33323

Title MR  
Name MURRAY, RHYS  
Address 12350 NW 23 CT  
City-State-Zip: PLANTATION FL 33323

*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:** KAREN RUTHMAN

**OWNER**

**01/18/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date