

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000123211

Entity Name: INJURY RX LLC

Current Principal Place of Business:

1401 NW 136 AVENUE, SUITE 400
SUNRISE, FL 33323

Current Mailing Address:

1401 NW 136 AVENUE, SUITE 400
SUNRISE, FL 33323 US

FEI Number: 27-4091995

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATZA, ROCHELLE S
1401 NW 136 AVENUE, SUITE 400
SUNRISE, 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: ROCHELLE S. MATZA

03/25/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name AUTOMATED HEALTHCARE
SOLUTIONS LLC
Address 1401 NW 136 AVENUE, SUITE 400
City-State-Zip: SUNRISE 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: AUTOMATED HEALTHCARE SOLUTIONS

MANAGER

03/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date