

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000119459

Entity Name: MEDICAL LINKS, LLC

Current Principal Place of Business:

219 N. BROWN AVE.
ORLANDO, FL 32801

Current Mailing Address:

9909 BRENTFORD COURT
WINDERMERE, FL 34786 US

FEI Number: 45-3630997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NISHAD KHAN, P.L.
617 E. COLONIAL DR.
ORLANDO, FL 32803 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: NISHAD KHAN

02/01/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name POOLE, GARY
Address 219 N. BROWN AVE.
City-State-Zip: ORLANDO FL 32801

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: GARY POOLE

MANAGING MEMBER

02/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date