

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000119459

**Entity Name:** MEDICAL LINKS, LLC

**Current Principal Place of Business:**

142 W. LAKEVIEW AVE.  
SUITE 2060  
LAKE MARY, FL 32746

**Current Mailing Address:**

142 W. LAKEVIEW AVE.  
SUITE 2060  
LAKE MARY, FL 32746 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

06/19/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name POOLE, GARY  
Address 142 W. LAKEVIEW AVE.  
SUITE 2060  
City-State-Zip: LAKE MARY FL 32746

*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

06/19/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date