

**2025 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000119459

**Entity Name:** MEDICAL LINKS, LLC

**Current Principal Place of Business:**

219 N. BROWN AVE.  
ORLANDO, FL 32801

**Current Mailing Address:**

219 N. BROWN AVE.  
ORLANDO, FL 32801 US

**FEI Number:** 45-3630997

**Certificate of Status Desired:** No

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

SANCHEZ, ANDERSON  
1303 N ORANGE AVE.  
ORLANDO , FL 32804 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:** ANDERSON SANCHEZ

06/09/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            SANCHEZ, ANDERSON  
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:** ANDERSON SANCHEZ

PRESIDENT

06/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date