

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000058485

Entity Name: P1 MEDICAL SOLUTIONS LLC**Current Principal Place of Business:**16507 CARAVAGGIO LOOP
MONTVERDE, FL 34756**Current Mailing Address:**16507 CARAVAGGIO LOOP
MONTVERDE, FL 34756 US**FEI Number:** 45-5194248**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMASELLI, JAMES
16507 CARAVAGGIO LOOP
MONTEVERDE, FL 34756 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:** JAMES THOMASELLI

01/24/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	THOMASELLI, PAULA
Address	16507 CARAVAGGIO LOOP
City-State-Zip:	MONTVERDE FL 34756

Title	MANAGER
Name	THOMASELLI, JAMES
Address	16507 CARAVAGGIO LOOP
City-State-Zip:	MONTVERDE FL 34756

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: JAMES THOMASELLI

MANAGER

01/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date