

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000001969

**Entity Name:** PORTFOLIO MEDICS, LLC

**Current Principal Place of Business:**

27499 RIVERVIEW CENTER BLVD  
SUITE 406  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

27499 RIVERVIEW CENTER BLVD  
SUITE 406  
BONITA SPRINGS, FL 34134 US

**FEI Number:** 41-2262390

**Certificate of Status Desired:** No

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

CONRATH, JOHN  
27499 RIVERVIEW CENTER BLVD  
SUITE 406  
BONITA SPRINGS, FL 34134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	CONRATH, JOHN	Name	BILLY, JOHN JR
Address	27499 RIVERVIEW CENTER BLVD SUITE 406	Address	27499 RIVERVIEW CENTER BLVD SUITE 406
City-State-Zip:	BONITA SPRINGS FL 34134	City-State-Zip:	BONITA SPRINGS FL 34134

*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:** JOHN CONRATH

**MGRM**

**02/09/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail Date