

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000111860

**Entity Name:** FUNCTIONAL MEDICINE LABS, LLC

**Current Principal Place of Business:**

780 US HWY 1  
SUITE 200  
VERO BEACH, FL 32962

**Current Mailing Address:**

780 US HWY 1  
SUITE 200  
VERO BEACH, FL 32962 US

**FEI Number:** 46-3418539

**Certificate of Status Desired:** Yes

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

PERKINS, TED DR  
780 US HWY 1  
SUITE 200  
VERO BEACH, FL 32962 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:** PERKINS, CHASE D.

04/11/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name PERKINS, SUSAN N D.C.  
Address 780 US HWY 1  
SUITE 200  
City-State-Zip: VERO BEACH FL 32962

Title AMBR  
Name PERKINS, TED DR  
Address 780 US HWY 1  
SUITE 200  
City-State-Zip: VERO BEACH FL 32962

*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:** SUSAN N PERKINS

MGR

04/11/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date