

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000160468

**Entity Name:** JBG MEDICAL L.L.C

**Current Principal Place of Business:**

11181 SE FEDERAL HWY  
UNIT 1  
HOBE SOUND, FL 33455

**Current Mailing Address:**

11181 SE FEDERAL HWY  
HOBE SOUND, FL 33455 US

**FEI Number:** 46-4128408

**Certificate of Status Desired:** No

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

MIKE GREENWALD  
9807 VIA VERGA DRIVE  
LAKE WORTH, FL 33467 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  
Name MEDLOGICS LLC  
Address 10130 NORTHLAKE BLVD  
STE 214 #338  
City-State-Zip: PALM BEACH GARDENS FL 33412

*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:** JG \_\_\_\_\_

MM

04/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date