#### 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000172072

Entity Name: MEDINEX HEALTHCARE SOLUTIONS LLC

FILED Feb 11, 2019 Secretary of State 6679260864CC

## **Current Principal Place of Business:**

1530 CELEBRATION BLVD SUITE 303 CELEBRATION, FL 34747

#### **Current Mailing Address:**

1530 CELEBRATION BLVD SUITE 303 CELEBRATION, FL 34747 US

FEI Number: 46-3105590 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

MEURY, THOMAS W 301 ACADIA LANE CELEBRATION, FL 34747 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

NameMCCARTHY, KELLY MNameMEURY, THOMAS WAddress240 ACADIA TERRACEAddress301 ACADIA LANE

City-State-Zip: CELEBRATION FL 34747 City-State-Zip: CELEBRATION FL 34747

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.