2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2025
Secretary of State
9627417023CC

DOCUMENT# L15000012598

Entity Name: UMOREN MEDICAL LLC

Current Principal Place of Business:

850 MONTCLAIRE CT
WEST PALM BEACH, FL 33411

Current Mailing Address:

P.O. BOX 210744
ROYAL PALM BEACH, FL 33421 US

FEI Number: 47-2732850

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UMOREN, INEMESIT E
850 MONTCLAIRE CT
WEST PALM BEACH, FL 33411 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	MGR	Title	AMBR
Name	UMOREN, INEMESIT E	Name	UMOREN, ANNE-MARIE
Address	850 MONTCLAIRE CT	Address	850 MONTCLAIRE CT
City-State-Zip:	WEST PALM BEACH FL 33411	City-State-Zip:	WEST PALM BEACH FL 33411

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: INEMESIT UMOREN MGR 02/22/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date