

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000118442

**Entity Name:** SHAW MEDICAL GROUP LLC

**Current Principal Place of Business:**

947 BAREFOOT BLVD  
BAREFOOT BAY, FL 32976-7101

**Current Mailing Address:**

947 BAREFOOT BLVD  
BAREFOOT BAY, FL 32976-7101 US

**FEI Number:** 81-3035276

**Certificate of Status Desired:** No

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

SHAW, PATRICK N  
947 BAREFOOT BLVD  
BAREFOOT BAY, FL 32976-7101 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 OTHER  
Name SHAW MEDICAL GROUP  
Address 947 BAREFOOT BLVD  
City-State-Zip: BAREFOOT BAY FL 32976-7101

*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:** PATRICK SHAW

**PRESIDENT**

**02/07/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date