

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000193314

**Entity Name:** POWERMD MSO L.L.C.

**Current Principal Place of Business:**

4951 71ST AVE N  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

4951 71ST AVE N  
PINELLAS PARK, FL 33781 US

**FEI Number: 81-4197596**

**Certificate of Status Desired: No**

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

CHANDLER, KEVIN  
4951 71ST AVE N  
PINELLAS PARK, FL 33781 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: KEVIN CHANDLER**

**04/29/2024**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name            CHANDLER, KEVIN  
Address         4951 71ST AVE N  
City-State-Zip: PINELLAS PARK FL 33781

*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: KEVIN CHANDLER**

**MANAGER**

**04/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date