

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000012542

Entity Name: MEDICINE ON DEMAND, LLC

Current Principal Place of Business:

1527 ESCADRILLE DRIVE
TALLAHASSEE, FL 32308

Current Mailing Address:

1527 ESCADRILLE DRIVE
TALLAHASSEE, FL 32308 US

FEI Number: 81-5061933

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEE, STEPHANIE
1527 ESCADRILLE DRIVE
TALLAHASSEE, FL 32308 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
Name LEE, STEPHANIE
Address 1527 ESCADRILLE DRIVE
City-State-Zip: TALLAHASSEE FL 32308

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: STEPHANIE LEE

OWNER

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date