

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000032608

Entity Name: TMS AND MEDICAL EQUIPMENT TRUST, LLC

Current Principal Place of Business:

407 NORTH PARSONS AVENUE
BUILDING 104
BRANDON, FL 33510

Current Mailing Address:

407 NORTH PARSONS AVENUE
BUILDING 104
BRANDON, FL 33510 US

FEI Number: 81-5358330

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRICE, JAMIE M
407 NORTH PARSONS AVENUE
BUILDING 104
BRANDON, FL 33510 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: JAMIE PRICE

01/31/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name PRICE, JAMIE M
Address 407 NORTH PARSONS AVENUE
 BUILDING 104
City-State-Zip: BRANDON FL 33510

Title CEO
Name KAWLICHE, BORIS L MD
Address 407 NORTH PARSONS AVENUE
 BUILDING 104
City-State-Zip: BRANDON FL 33510

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: JAMIE PRICE

OFFICE MANAGER

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date