

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000047529

Entity Name: PULSE MEDICAL DOCTORS, LLC

Current Principal Place of Business:

749 C.R. 466
LADY LAKE, FL 32159

Current Mailing Address:

749 C.R. 466
LADY LAKE, FL 32159 US

FEI Number: 82-0687318

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, ROBERT S ESQ.
993 SE 69TH PLACE
OCALA, FL 34480 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 ABRANTES, CLARISSA
Address 749 C.R. 466
City-State-Zip: LADY LAKE FL 32159

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: CLARISSA ABRANTES

MGR

01/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date