

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000062050

Entity Name: MURRAY & ASSOCIATES FAMILY HEALTHCARE LLC

Current Principal Place of Business:

3319 S STATE ROAD 7
SUITE 106
WELLINGTON, FL 33449

Current Mailing Address:

2996 FLORENCE ST
WELLINGTON, FL 33414 US

FEI Number: 81-5393263

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURRAY, DONNA B DNP
3319 S STATE ROAD 7
SUITE 106
WELLINGTON, FL 33449 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 MURRAY, DONNA B DNP
Address 2996 FLORENCE ST
City-State-Zip: WELLINGTON FL 33414

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: DONNA B MURRAY

PRESIDENT

02/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date