

**2022 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:**

3319 S STATE ROAD 7  
SUITE 106  
WELLINGTON, FL 33449 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 3319 S STATE ROAD 7  
SUITE 106  
City-State-Zip: WELLINGTON FL 33449

*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**

**04/03/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date