

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000092399

Entity Name: MORGAN MEDICAL PLLC

Current Principal Place of Business:

3301 SW 34TH CIRCLE
STE 302
OCALA, FL 34474

Current Mailing Address:

4730 SE 33RD TERRACE
OCALA, FL 34480 US

FEI Number: 83-4356702

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD
SUITE 36
ORLANDO, FL 32822 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 AMBR
Name MORGAN, AMY
Address 4730 SE 33RD TERRACE
City-State-Zip: Ocala FL 34480

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: AMY MORGAN

OWNER/OPERATOR

04/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date