

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000292826

Entity Name: MCSHAN MEDICAL LLC**Current Principal Place of Business:**1950 LEE ROAD
SUITE 110
ORLANDO, FL 32810**Current Mailing Address:**2531 SUGARSAND CT
APOPKA, FL 32712 US**FEI Number:** 85-1649867**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCSHAN, CHRISTOPHER T
2531 SUGARSAND CT
APOPKA, FL 32712 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	Title	AUTHORIZED REPRESENTATIVE
Name	MCSHAN, CHRISTOPHER T	Name	A MCSHAN, STEPHANIE
Address	2531 SUGARSAND CT	Address	2531 SUGARSAND CT
City-State-Zip:	APOPKA FL 32712	City-State-Zip:	APOPKA FL 32712

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: CHRISTOPHER T MCSHAN**OWNER****03/16/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date