

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000081461

**Entity Name:** DOR MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

103 LANDINGS BLVD  
GREENACRES, FL 33413

**Current Mailing Address:**

PO BOX 568  
BOYNTON BEACH, FL 33425 US

**FEI Number:** 84-5051460

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DOR, ROSELINE  
103 LANDINGS BLVD  
GREENACRES, FL 33413 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 DOR, ROSELINE  
Address PO BOX 568  
City-State-Zip: BOYNTON BEACH FL 33425

*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:** ROSELINE DOR

**OWNER**

**04/23/2024**

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

\_\_\_\_\_  
Date