

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000096996

Entity Name: NP MEDICAL & ASSOCIATES LLC

Current Principal Place of Business:

3975 SOUTH ORANGE BLOSSOM
101F
ORLANDO, FL 32839

Current Mailing Address:

845 KAZAROS CIRCLE
OCOE, FL 34761

FEI Number: 85-0669462

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALPHONSE, CHESLYN
3975 SOUTH ORANGE BLOSSOM
101F
ORLANDO, FL 32839 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	AP	Title	AP
Name	ALPHONSE, CHESLYN	Name	ALPHONSE, FRANCK
Address	3975 SOUTH ORANGE BLOSSOM, 101F	Address	3975 SOUTH ORANGE BLOSSOM, 101F
City-State-Zip:	ORLANDO FL 32839	City-State-Zip:	ORLANDO FL 32839

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: CHESLYN ALPHONSE

MRS.

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date