

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000131786

**Entity Name:** MEDICAL & CO. LLC

**Current Principal Place of Business:**

250 95 STREET  
SUITE 545951  
SURFSIDE, FL 33154

**Current Mailing Address:**

250 95 STREET  
SUITE 545951  
SURFSIDE, FL 33154 US

**FEI Number:** 35-2696164

**Certificate of Status Desired:** No

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

SHOSHAN, SIMON  
250 95 STREET  
SUITE 545951  
SURFSIDE, FL 33154 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 MGRM  
Name SHOSHAN, SIMON  
Address 250 95 STREET  
SUITE 545951  
City-State-Zip: SURFSIDE FL 33154

Title AMBR  
Name SHOSHAN, FREDERIC  
Address 250 95 STREET  
SUITE 545951  
City-State-Zip: SURFSIDE FL 33154

*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:** SIMON SHOSHAN

**MANAGER**

**04/04/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date