

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000295001

Entity Name: MEDILEX HEALTHCARE, LLC

Current Principal Place of Business:

4727 IRA L SMITH RD
GREENVILLE, FL 32331

Current Mailing Address:

4727 IRA L SMITH RD
GREENVILLE, FL 32331 US

FEI Number: 85-3246687

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NOLES, LISA L
4727 IRA L SMITH RD
GREENVILLE, FL 32331 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	Title	AMBR
Name	NOLES, TIMOTHY R	Name	NOLES, LISA L
Address	4727 IRA L SMITH RD	Address	4727 IRA L SMITH RD
City-State-Zip:	GREENVILLE FL 32331	City-State-Zip:	GREENVILLE FL 32331

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: LISA NOLES

REGISTERED AGENT

04/08/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date