

**2021 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

AMBR

04/25/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date