

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000305165

**Entity Name:** THRIVE MEDICAL, LLC

**Current Principal Place of Business:**

519 LAKE CHARM CT  
OVIEDO, FL 32765

**Current Mailing Address:**

2200 WINTER SPRINGS BLVD  
STE # 106-265  
OVIEDO, FL 32765

**FEI Number:** 61-1982013

**Certificate of Status Desired:** No

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

ODOM, MELISSA C  
519 LAKE CHARM CT  
OVIEDO, FL 32765 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:** MELISSA ODOM

04/13/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ODOM,, MELISSA C  
Address 519 LAKE CHARM CT  
City-State-Zip: OVIEDO FL 32765

*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:** ODOM, MELISSA

MANAGER

04/13/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date