

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000324591

**Entity Name:** REM MEDICAL SOLUTION LLC

**Current Principal Place of Business:**

8201 DE HAVEN STREET  
ORLANDO, FL 32832

**Current Mailing Address:**

8201 DE HAVEN STREET  
ORLANDO, FL 32832

**FEI Number:** 85-3905157

**Certificate of Status Desired:** No

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

RIVERA, JOSSIE A  
8201 DE HAVEN STREET  
ORLANDO, FL 32832 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:** JOSSIE RIVERA

01/21/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER, AUTHORIZED  
                  REPRESENTATIVE  
Name           RIVERA, JOSSIE ANN  
Address        8201 DE HAVEN STREET  
City-State-Zip: ORLANDO FL 32832

*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:** JOSSIE RIVERA

**AUTHORIZED  
REPRESENTATIVE**

01/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date