## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000344502

Entity Name: MERIDIAN PODIATRY LLC

**Current Principal Place of Business:** 

4123 UNIVERSITY BLVD SOUTH

SUITE F JACKSONVILLE, FL 32216

**Current Mailing Address:** 

4123 UNIVERSITY BLVD SOUTH SUITE F JACKSONVILLE, FL 32216 US

FEI Number: 85-3840959 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33325 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

FILED Apr 01, 2021

**Secretary of State** 

5719179840CC

## Authorized Person(s) Detail:

Title MGR

Name ROBINSON, NORSHAE

Address 4123 UNIVERSITY BLVD SOUTH

SUITE F

City-State-Zip: JACKSONVILLE FL 32216

SIGNATURE: NORSHAE ROBINSON

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.

Electronic Signature of Signing Authorized Person(s) Detail

\_

**OWNER** 

04/01/2021 Date