

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000349580

Entity Name: WHIPLASHMD, LLC

Current Principal Place of Business:

940 CENTRE CIRCLE
SUITE 1018
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

940 CENTRE CIRCLE
SUITE 1018
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 85-3748388

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE HEALTH LAW FIRM, PA
1101 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714 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
Name ROLLMAN, LEONARD
Address 149 WISTERIA DRIVE
City-State-Zip: LONGWOOD FL 32779

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: LEONARD A. ROLLMAN, DC

MMBR

01/26/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date