

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000349580

**Entity Name:** WHIPLASHMD, LLC

**Current Principal Place of Business:**

2415 S VOLUSIA AVE  
SUITE A-2  
ORANGE CITY, FL 32763

**Current Mailing Address:**

2415 S VOLUSIA AVE  
SUITE A-2  
ORANGE CITY, FL 32763 US

**FEI Number:** 85-3748388

**Certificate of Status Desired:** No

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

MEDICOLEGAL CONSULTING, LLC  
2415 S VOLUSIA AVE  
SUITE A-2  
ORANGE CITY, FL 32763 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 MGR  
Name ROLLMAN, LEONARD  
Address 2415 S VOLUSIA AVE SUITE A-2  
City-State-Zip: ORANGE CITY FL 32763

*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

MGR

04/15/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date