

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000396081

**Entity Name:** SF MEDICINE LLC

**Current Principal Place of Business:**

3475 SHERIDAN STREET  
SUITE 101  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

398 CAMINO GARDENS BLVD.  
SUITE 102  
BOCA RATON, FL 33432

**FEI Number:** 85-4349253

**Certificate of Status Desired:** Yes

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

WHALEN, KENNETH  
398 CAMINO GARDENS BLVD.  
SUITE 102  
BOCA RATON, FL 33432 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 LOSS, MICHAEL  
Address 398 CAMINO GARDENS BLVD., SUITE  
102  
City-State-Zip: BOCA RATON FL 33432

*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:** MICHAEL LOSS

MGR

08/09/2021

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

\_\_\_\_\_  
Date