

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000072994

**Entity Name:** NORMAN MEDICAL GROUP LLC

**Current Principal Place of Business:**

7204 MIKASA DRIVE  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

7204 MIKASA DRIVE  
PUNTA GORDA, FL 33950 US

**FEI Number:** 86-2213571

**Certificate of Status Desired:** No

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

NORMAN, MARCUS  
7204 MIKASA DRIVE  
PUNTA GORDA, FL 33950 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 NORMAN, MARCUS  
Address 7204 MIKASA DRIVE  
City-State-Zip: PUNTA GORDA FL 33950

*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:** MARCUS NORMAN

MANAGER

04/26/2022

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

\_\_\_\_\_ Date