

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000379195

**Entity Name:** THE MD TELEMEDICINE NETWORK, PLLC

**Current Principal Place of Business:**

6515 TAFT STREET  
HOLLYWOOD, FL 33024

**Current Mailing Address:**

6515 TAFT STREET  
HOLLYWOOD, FL 33024

**FEI Number: 87-2448506**

**Certificate of Status Desired: Yes**

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

MANRARA & ASSOCIATES, PA  
790 E BROWARD BOULEVARD  
C/O JONATHAN D. CARVAJAL 1802  
FT LAUDERDALE, FL 33301 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	Title	AUTHORIZED MEMBER
Name	ISSA, MOISES DR.	Name	MRRC FAMILY, LLC
Address	6515 TAFT STREET	Address	6495 TAFT STREET
City-State-Zip:	HOLLYWOOD FL 33024	City-State-Zip:	HOLLYWOOD FL 33024
Title	AUTHORIZED MEMBER		
Name	CARVAJAL, JONATHAN DAVID ESQ.		
Address	790 E. BROWARD BLVD 1802		
City-State-Zip:	FT. LAUDERDALE FL 33301		

*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: JONATHAN D. CARVAJAL**

**AUTHORIZED MEMBER**

**01/12/2022**

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

\_\_\_\_\_  
Date