

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000501451

**Entity Name:** SMJ MEDICAL, LLC

**Current Principal Place of Business:**

641 W. FAIRBANKS AVENUE  
SUITE 104  
WINTER PARK, FL 32789

**Current Mailing Address:**

641 W. FAIRBANKS AVENUE  
SUITE 104  
WINTER PARK, FL 32789 US

**FEI Number:** 87-3829149

**Certificate of Status Desired:** No

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

HOTARD, MARIE  
641 W. FAIRBANKS AVENUE  
SUITE 104  
WINTER PARK, FL 32789 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 MBR  
Name PIETKIEWICZ, JOHN  
Address 641 W. FAIRBANKS AVENUE  
SUITE 104  
City-State-Zip: WINTER PARK FL 32789

Title MBR  
Name HOTARD, SEAN  
Address 641 W. FAIRBANKS AVENUE  
SUITE 104  
City-State-Zip: WINTER PARK FL 32789

Title MBR  
Name HOTARD, MARIE  
Address 641 W. FAIRBANKS AVENUE  
SUITE 104  
City-State-Zip: WINTER PARK FL 32789

*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:** MARIE HOTARD

MBR

03/31/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date