

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000503733

**Entity Name:** GRECO MEDICAL, LLC

**Current Principal Place of Business:**

1990 MAIN STREET  
SUITE 700  
SARASOTA, FL 34236

**Current Mailing Address:**

1990 MAIN STREET  
SUITE 700  
SARASOTA, FL 34236 US

**FEI Number:** 87-3770125

**Certificate of Status Desired:** No

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

GRECO, JOSEPH F  
1990 MAIN STREET  
SUITE 700  
SARASOTA, FL 34236 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 GRECO, JOSEPH F  
Address 3464 HAMILTON AVE  
City-State-Zip: SARASOTA FL 34242

*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:** JOSEPH GRECO

**CEO**

**04/06/2023**

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

\_\_\_\_\_  
Date