

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000522161

**Entity Name:** MURSEMARY MEDICAL LLC

**Current Principal Place of Business:**

1566 SW ANDALUSIA RD  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

1566 SW ANDALUSIA RD  
PORT ST LUCIE, FL 34953 UN

**FEI Number:** 87-3963520

**Certificate of Status Desired:** No

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

BILBREY, CHASE R  
1566 SW ANDALUSIA RD  
PORT ST LUCIE, FL 34953 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 BILBREY, CHASE R  
Address 1566 SW ANDALUSIA RD  
City-State-Zip: PORT ST LUCIE FL 34953

*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:** CHASE R BILBREY

**OWNER**

**03/05/2023**

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

\_\_\_\_\_  
Date