

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000534365

Entity Name: MOBILEMEDIX PLUS LLC

Current Principal Place of Business:

7146 SHADY WOOD LN
ORLANDO, FL 32835

Current Mailing Address:

P.O. BOX 1183
WINDERMERE, FL 34786 US

FEI Number: 92-1478532

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEACH, KENNETH R
7146 SHADY WOOD LN
ORLANDO, FL 32835 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 AMBR
Name PEACH, KENNETH R
Address 7146 SHADY WOOD LN
City-State-Zip: ORLANDO FL 32835

Title AMBR
Name TURRELL, MICHAEL
Address PO BOX 1183
City-State-Zip: WINDERMERE FL 34786

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: KENNETH PEACH

AMBR

02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date