

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000308245

Entity Name: GAMMA MEDIC LLC

Current Principal Place of Business:

1150 NW 72ND AVE TOWER I STE 455 #11613
MIAMI, FL 33126

Current Mailing Address:

11238 W SAMPLE RD
CORAL SPRINGS, FL 33065 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REPUBLIC REGISTERED AGENT LLC
1150 NW 72ND AVE TOWER I
STE 455
MIAMI, FL 33126 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 HOSPEDALES, EDWARD
Address 11238 W SAMPLE RD
City-State-Zip: CORAL SPRINGS FL 33065

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: EDWARD HOSPEDALES

AMBR

03/20/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date