

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000116755

**Entity Name:** PRO 9 MEDICAL SOLUTIONS, LLC

**Current Principal Place of Business:**

702 N. 19TH ST  
UNIT 1 (STE A)  
PALATKA, FL 32177

**Current Mailing Address:**

1105 ST. JOHNS AVE  
STE. 352  
PALATKA, FL 32177 US

**FEI Number:** 88-3637720

**Certificate of Status Desired:** Yes

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

DEWITT, TERWKO L  
1105 ST. JOHNS AVE  
STE. 352  
PALATKA, FL 32177 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:** TERWKO L DEWITT

02/10/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name DEWITT, TERWKO L  
Address 1105 ST. JOHNS AVE  
352  
City-State-Zip: PALATKA FL 32177

*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:** TERWKO DEWITT

OWNER

02/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date