

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000002720

**Entity Name:** LMD MEDICAL MANAGEMENT, LLC

**Current Principal Place of Business:**

1180 DRUMMOND ST STE 400  
MONTREAL, QUEBEC,

**Current Mailing Address:**

1180 DRUMMOND ST STE 400  
MONTREAL, QUEBEC, CA

**FEI Number:** 86-1980460

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVICES INC  
515 E PARK AVE 2ND FLOOR  
TALLAHASSEE, FL 32301 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 MARSHALL, ALAN  
Address 1180 DRUMMOND ST STE 400  
City-State-Zip: MONTREAL, QUEBEC

*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:** ALAN MARSHALL

**MANAGER**

**04/20/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date