

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000019066

**Entity Name:** CADUCEUS PROPERTIES, LLC

**Current Principal Place of Business:**

1401 CENTERVILLE ROAD, SUITE 300  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1401 CENTERVILLE ROAD, SUITE 300  
TALLAHASSEE, FL 32308

**FEI Number:** 03-0519350

**Certificate of Status Desired:** No

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

GIUDICE, WILLIAM A  
1300 MICCOSUKEE ROAD  
TALLAHASSEE, FL 32308 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:** WILLIAM A GIUDICE

04/07/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name RACoon LOVE, LLC  
Address 464 SUDOETH AVE  
City-State-Zip: PANAMA CITY FL 32401

Title MGR  
Name HEALTH VENTURES PAIN MGNT.,LLC  
Address 1401 CENTERVILLE RD ,BOX 210  
City-State-Zip: TALLAHASSEE FL 32308

Title MGR  
Name SOLAR ASSETS ,LLC  
Address 1826 ATLANTIS PLACE  
City-State-Zip: TALLAHASSEE FL 32303

Title MGR  
Name MFJF, LLC  
Address 4571 HEDGEWOOD DR  
City-State-Zip: TALLAHASSEE FL 32309

Title MGR  
Name SCOTTY DOG, LLC  
Address 2781 SWEET RIDGE ST  
City-State-Zip: TALLAHASSEE FL 32308

Title MANAGER  
Name BEATY MEDICAL LLC  
Address 267 ROSEHILL DRIVE NORTH  
City-State-Zip: TALLAHASSEE FL 32312

*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:** HEALTH VENTURES PAIN MANAGEMENT

MANAGER

04/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date