

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000031389

**Entity Name:** LAKE MARY MEDICAL ASSOCIATES, LLC

**Current Principal Place of Business:**

740 WEST PLYMOUTH AVENUE  
DELAND, FL 32720

**Current Mailing Address:**

740 WEST PLYMOUTH AVENUE  
DELAND, FL 32720 US

**FEI Number:** 20-2644218

**Certificate of Status Desired:** No

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

HOLLMANN, MARK  
740 WEST PLYMOUTH AVENUE  
DELAND, FL 32720 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 MGRM  
Name HOLLMANN, MARK  
Address 740 WEST PLYMOUTH AVENUE  
City-State-Zip: DELAND FL 32720

Title MGRM  
Name WALDBAUM, JONATHAN  
Address 740 WEST PLYMOUTH AVENUE  
City-State-Zip: DELAND FL 32720

Title MGRM  
Name REED, STEPHEN  
Address 740 WEST PLYMOUTH AVENUE  
City-State-Zip: DELAND FL 32720

Title MGRM  
Name LAVOIE, STEPHANE  
Address 740 WEST PLYMOUTH AVENUE  
City-State-Zip: DELAND FL 32720

*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:** MARK W HOLLMANN

**MANAGING MEMBER**

**02/08/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date