

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000115369

**Entity Name:** FMS GP, LLC

**Current Principal Place of Business:**

6600 66TH STREET NORTH  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

6600 66TH STREET NORTH  
PINELLAS PARK, FL 33781 US

**FEI Number:** 20-8374289

**Certificate of Status Desired:** No

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

BLOOM, DAVID A MD, PHD  
6600 66TH STREET NORTH  
PINELLAS PARK, FL 33781 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:** DAVID A BLOOM, MD, PHD

02/17/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            MANAGING PARTNER  
Name            BLOOM, DAVID A MD, PHD  
Address        6600 66TH STREET NORTH  
City-State-Zip: PINELLAS PARK FL 33781

Title            DIRECTOR  
Name            SMITH, LORI  
Address        6600 66TH STREET NORTH  
City-State-Zip: PINELLAS PARK FL 33781

*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:** DAVID BLOOM

**OWNER**

02/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date