

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000090045

**Entity Name:** OVIEDO MEDICAL, LLC

**Current Principal Place of Business:**

773 S LAKE JESSUP AVE  
OVIEDO, FL 32765

**Current Mailing Address:**

773 S LAKE JESSUP AVE  
OVIEDO, FL 32765 US

**FEI Number: 32-0408884**

**Certificate of Status Desired: No**

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

NASSER, BASSAM  
773 S. LK JESSUP AVE  
OVIEDO, FL 32765 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 AMBR  
Name NASSER, BASSAM I  
Address 773 S. LK JESSUP AVE  
City-State-Zip: OVIEDO FL 32765

Title AMBR  
Name NASSER, SAMMY K  
Address 773 S. LK JESSUP AVE  
City-State-Zip: OVIEDO FL 32765

Title AMBR  
Name NASSER, TONY J  
Address 773 S. LK JESSUP AVE  
City-State-Zip: OVIEDO FL 32765

Title AMBR  
Name WOOD, NANCY L  
Address 773 S. LK JESSUP AVE  
City-State-Zip: OVIEDO FL 32765

*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: TONY NASSER**

**AUTHORIZED MEMBER**

**03/02/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date