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. 03/01/2023

MANAGER

SIGNATURE: SANDRA MAZARIEGOS

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 1150 BELL SHOALS RD

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: FAMILY PRACTICE CENTER OF BRANDON, LLC

BRANDON, FL 33511

Current Mailing Address:

DOCUMENT# L09000037749

1150 BELL SHOALS RD BRANDON, FL 33511 US

FEI Number: 30-0020403

Name and Address of Current Registered Agent:

THACKER, RICKY LESQ 791 W. LUMSDEN RD BRANDON, FL 33511 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	MAZARIEGOS, MIGUEL A	Name	MAZARIEGOS, SANDRA
Address	814 VITTORIO PLACE	Address	814 VITTORIO PLACE
City-State-Zip:	BRANDON FL 33511	City-State-Zip:	BRANDON FL 33511

Certificate of Status Desired: No

FILED Mar 01, 2023 Secretary of State 5866234415CC

Date

Date