

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000087059

Entity Name: BLUETAIL MEDICAL GROUP LLC

Current Principal Place of Business:

1875 VETERAN'S PARK DR.
SUITE 2201
NAPLES, FL 34109

Current Mailing Address:

17300 N OUTER 40 RD.
SUITE 201
CHESTERFIELD, MO 63005 US

FEI Number: 46-1175986

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PODESTA, PAM
1875 VETERAN'S PARK DR.
SUITE 2201
NAPLES, FL 34109 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: PAM PODESTA

02/09/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name O'NEIL, JOSEPH M
Address 17300 N OUTER ROAD
City-State-Zip: CHESTERFIELD MO 63005

Title MANAGER
Name PODESTA, PAM
Address 1875 VETERAN'S PARK DR.
SUITE 2201
City-State-Zip: NAPLES FL 34109

Title AUTHORIZED MEMBER
Name CRANE, DAVID
Address 17300 N OUTER 40 RD.
SUITE 201
City-State-Zip: CHESTERFIELD MO 63005

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: JOSEPH O'NEIL

**PRACTICE
ADMINISTRATOR**

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date