## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000053887

**Entity Name: ADVANCE PRIMARY CARE LLC** 

**Current Principal Place of Business:** 

1133 SE 18TH PLACE SUITE 2

OCALA, FL 34471

**Current Mailing Address:** 

1133 SE 18TH PLACE SUITE 2

OCALA, FL 34471

FEI Number: 82-0717878 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

**CRIPPEN** 7380 SW 60TH AVE SUITE 4 OCALA, FL 34476 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: BRIAN TULLY 04/06/2023

> Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title **AMBR** Title **AMBR** 

Name RUBIO, JAIME E Name RUBIO, ELIZABETH A 4991 SE 44TH AVE ROAD 4991 SE 44TH AVE ROAD Address Address

City-State-Zip: OCALA FL 34480 OCALA FL 34480 City-State-Zip:

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.

04/06/2023 SIGNATURE: RUBIO, JAIME E **PRESIDENT** 

**FILED** Apr 06, 2023

**Secretary of State** 

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