

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000256668

Entity Name: ADB MEDICAL SERVICES OF NORTH FLORIDA LLC

Current Principal Place of Business:

3375-D CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

Current Mailing Address:

3375 -D CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 US

FEI Number: 82-3282511

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAILEY, AISHA D
3375 -D CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 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: AISHA BAILEY

05/31/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BAILEY, AISHA
Address 2491 BLUE RIDGE DRIVE
City-State-Zip: TALLAHASSEE FL 32311

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: AISHA DONINE BAILEY

ADB MEDICAL SERVICES 05/31/2025
OF NORTH FL LLC/ DBA
ASK PEDIATRIC
SERVICES

Electronic Signature of Signing Authorized Person(s) Detail

Date