

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000117142

**Entity Name:** TREASURE COAST EMERGENCY PHYSICIANS, PLLC

**Current Principal Place of Business:**

5800 62ND AVE  
VERO BEACH, FL 32967

**Current Mailing Address:**

5800 62ND AVE  
VERO BEACH, FL 32967 US

**FEI Number: 83-0554771**

**Certificate of Status Desired: No**

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

PEREZ ACCOUNTING SERVICES  
3107 STIRLING ROAD  
SUITE 205  
FORT LAUDERDALE, FL 33312 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 VELASCO, RODRIGO E  
Address 5800 62ND AVE.  
City-State-Zip: VERO BEACH FL 32967

*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: RODRIGO VELASCO**

**DR**

**02/24/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date