

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000246378

**Entity Name:** SERVISMED, LLC

**Current Principal Place of Business:**

815 S. PALAFOX STREET  
THIRD FLOOR  
PENSACOLA, FL 32502

**Current Mailing Address:**

815 S. PALAFOX STREET  
THIRD FLOOR  
PENSACOLA, FL 32502 US

**FEI Number:** 83-2371571

**Certificate of Status Desired:** No

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

FLETCHER II, ARTHUR  
815 S. PALAFOX STREET  
THIRD FLOOR  
PENSACOLA, FL 32502 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:** ARTHUR FLETCHER II

05/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name AMERICAN HEALTHCARE PARTNERS,  
LLC  
Address 815 S. PALAFOX STREET  
City-State-Zip: PENSACOLA FL 32502

*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:** ALEXANDER COVER

MANAGER

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date