

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000246420

**Entity Name:** PHVC SCIENTIFIC LLC

**Current Principal Place of Business:**

38035 MEDICAL CENTER AVE  
ZEPHYRHILLS, FL 33540

**Current Mailing Address:**

38035 MEDICAL CENTER AVE  
ZEPHYRHILLS, FL 33540 US

**FEI Number:** 83-2319372

**Certificate of Status Desired:** No

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

AARON L. GORDON, PLLC  
3622 WEST SAN LUIS STREET  
TAMPA, FL 33629 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:** AARON GORDON

04/30/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name GUPTA, SUNIL  
Address 38035 MEDICAL CENTER AVE  
City-State-Zip: ZEPHYRHILLS FL 33540

Title AMBR  
Name CHAUHAN, KETUL  
Address 38035 MEDICAL CENTER AVE  
City-State-Zip: ZEPHYRHILLS FL 33540

Title AMBR  
Name KHAMARE, CHETAN  
Address 38035 MEDICAL CENTER AVE  
City-State-Zip: ZEPHYRHILLS FL 33540

Title AMBR  
Name SOMA, VIKAS  
Address 38035 MEDICAL CENTER AVE  
City-State-Zip: ZEPHYRHILLS FL 33540

*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:** SUNIL GUPTA

MGR

04/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date