

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000010709

**Entity Name:** PHYSICIAN MANAGEMENT SERVICES OF SOUTHEAST OHIO, LLC

**Current Principal Place of Business:**

3113 LAWTON RD #250  
ORLANDO, FL 32803

**Current Mailing Address:**

3113 LAWTON RD #250  
ORLANDO, FL 32803 US

**FEI Number:** 83-3143808

**Certificate of Status Desired:** No

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

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE, FL 32301-1283 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           MANAGER  
Name           VAXCARE, LLC  
Address        3113 LAWTON RD #250  
City-State-Zip: ORLANDO FL 32803

Title           AUTHORIZED REPRESENTATIVE  
Name           MCGINN, JAMES P  
Address        3113 LAWTON RD #250  
City-State-Zip: ORLANDO FL 32803

*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:** JAMES P. MCGINN JR.

**REPORT SIGNER**

**04/22/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date