

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000079482

**Entity Name:** EMERALD COAST MEDICAL SOLUTIONS, LLC

**Current Principal Place of Business:**

4711 SCENIC HWY  
PENSACOLA, FL 32504

**Current Mailing Address:**

8929 SE BRIDGE RD.  
HOBE SOUND, FL 33455 UN

**FEI Number: 83-4077684**

**Certificate of Status Desired: No**

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

DORFMAN, DAVID  
1173 ELEUTHERA DR. NE  
PALM BAY, FL 32905 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            MBR  
Name            MAHALO, LLC  
Address        3615 KENNESAW PLACE  
City-State-Zip: MELBOURNE FL 32934

Title            MBR  
Name            FENTON, BLAKE T  
Address        4711 SCENIC HWY  
City-State-Zip: PENSACOLA FL 32504

*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: DAVID DORFMAN**

**MEMBER**

**05/31/2020**

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

\_\_\_\_\_  
Date