

2021 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	Title	MBR
Name	MAHALO, LLC	Name	FENTON, BLAKE T
Address	3615 KENNESAW PLACE	Address	4711 SCENIC HWY
City-State-Zip:	MELBOURNE FL 32934	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

PARTNER

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date