2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2025
Secretary of State
6175430481CC

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Entity Name: 4TH TRIMESTER CARE, LLC

Current Principal Place of Business:

609 WESTWINDS DRIVE
PALM HARBOR, FL 34683

Current Mailing Address:

P. O. BOX 103
PALM HARBOR, FL 34682 US

FEI Number: 84-1959581

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NORMAN, CHRISTOPHER H
315 S. HYDE PARK AVE
TAMPA, FL 33606 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	MGR	Title	MGR
Name	AUSTIN, JOHN SOUTHERN III	Name	AUSTIN, LAUREEN JOHNSTON
Address	609 WESTWINDS DR	Address	609 WESTWINDS DRIVE
City-State-Zip:	PALM HARBOR FL 34683	City-State-Zip:	PALM HARBOR FL 34683

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: JOHN AUSTIN MGR 03/18/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date