

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000225889

Entity Name: MEDICAL INTERVENTIONS OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

265 WEST STATE RD 50
CLERMONT, FL 34711

Current Mailing Address:

265 WEST STATE RD 50
CLERMONT, FL 34711

FEI Number: 59-3336115

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, JAIME C
265 WEST STATE RD 50
CLERMONT, FL 34711 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
Name GONZALEZ, JAIME C
Address 265 WEST STATE RD 50
City-State-Zip: CLERMONT FL 34711

Title MGR
Name GONZALEZ, LAURA
Address 265 WEST STATE RD 50
City-State-Zip: CLERMONT FL 34711

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: JAIME C GONZALEZ

MGR

03/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date