

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000106597

**Entity Name:** MEDSTATION DR PHILLIPS LLC

**Current Principal Place of Business:**

8972 TURKEY LAKE RD  
A-700  
ORLANDO, FL 32819

**Current Mailing Address:**

8972 TURKEY LAKE RD  
A-700  
ORLANDO, FL 32819 US

**FEI Number:** 85-0796315

**Certificate of Status Desired:** No

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

CSG - CAPITAL SERVICES GROUP, INC.  
2101 PARK CENTER DR  
STE 150  
ORLANDO, FL 32835 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:** MARCOS REZENDE

03/13/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BRAZILIAN CLINIC LLC  
Address 3402 N. ANDREWS EXTENSION  
City-State-Zip: POMPAÑO BEACH FL 33064

Title AMBR  
Name SC HEALTH ACADEMY LLC  
Address 8972 TURKEY LAKE RD  
A-700  
City-State-Zip: ORLANDO FL 32819

*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:** SC HEALTH ACADEMY LLC

AMBR

03/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date