

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000258019

**Entity Name:** MID FLORIDA MEDICAL SERVICES LLC

**Current Principal Place of Business:**

132 HAMMOCK OAK CIRCLE  
DEBARY, FL 32713

**Current Mailing Address:**

132 HAMMOCK OAK  
DEBARY, FL 32713 US

**FEI Number: 85-2859741**

**Certificate of Status Desired: No**

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

QUALITY TAX & ACCOUNTING SERVICES LLC  
3113 S RIDGEWOOD AVE  
SUITE 14  
SOUTH DAYTONA, FL 32119 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:** JOSHUA STRONG

03/21/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name WRIGHT, GARY JR  
Address 132 HAMMOCK OAK CIRCLE  
City-State-Zip: DEBARY FL 32713

*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:** GARY WRIGHT

AMBR

03/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date