

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000091101

Entity Name: TAMPA MEDICAL CENTER LLC

Current Principal Place of Business:

5535 MEMORIAL HWY.
TAMPA, FL 33634

Current Mailing Address:

5535 MEMORIAL HWY.
TAMPA, FL 33634 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURTON, ADAM
5535 MEMORIAL HWY.
TAMPA, FL 33634 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 AMBR
Name FERNANDEZ, NISREEN A
Address 5535 MEMORIAL HWY.
City-State-Zip: TAMPA FL 33634

Title AMBR
Name FERNANDEZ, JOSE Y
Address 5535 MEMORIAL HWY.
City-State-Zip: TAMPA FL 33634

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: NISREEN ADEL FERNANDEZ

AMBR

01/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date