

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000110897

Entity Name: ADOLESCENT MEDICINE CONSULTING LLC

Current Principal Place of Business:

16 HARBOUR ISLE DR. W
UNIT PH01
FORT PIERCE, FL 34949

Current Mailing Address:

16 HARBOUR ISLE DR. W
UNIT PH01
FORT PIERCE, FL 34949 US

FEI Number: 86-2844103

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEHARRY, MEERA S
16 HARBOUR ISLE DR. W
UNIT PH01
FORT PIERCE, FL 34949 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 BEHARRY, MEERA S
Address 16 HARBOUR ISLE DR. W, UNIT PH01
City-State-Zip: FORT PIERCE FL 34949

Title AMBR
Name GAUTIER, YANN T
Address 16 HARBOUR ISLE DR. W, UNIT PH01
City-State-Zip: FORT PIERCE FL 34949

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: YANN GAUTIER

AMBR

04/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date