

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000319703

Entity Name: L.C PHYSICIANS CREDENTIALING, LLC

Current Principal Place of Business:

100 S. DIXIE HWY
#301
WEST PALM BEACH, FL 33401

Current Mailing Address:

100 S. DIXIE HWY
#301
WEST PALM BEACH, FL 33401 US

FEI Number: 87-1646214

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FELDMAN, PETER
7865 EMERALD WINDS CIRCLE
BOYNTON BEACH, FL 33473 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	CEO	Title	VP
Name	COICOU, KITLINE	Name	SUTHERLAND, NIAH
Address	100 S. DIXIE HWY #301	Address	100 S. DIXIE HWY #301
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401

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: KITLINE (LYNN) COICOU

CEO

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date