

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000384211

Entity Name: ABOVE ALL MEDICAL CLINIC LLC**Current Principal Place of Business:**255 SE 17TH ST.
OCALA, FL 34471**Current Mailing Address:**255 SE 17TH ST.
OCALA, FL 34471 US**FEI Number:** 87-2353656**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BANTA, JAMES B JR.
2152 NE 120TH PL.
ANTHONY, FL 32617 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	MGR
Name	BANTA, JAMES B JR
Address	2152 NE 120TH PL.
City-State-Zip:	ANTHONY FL 32617

Title	MGR
Name	BANTA, TRACI
Address	2152 NE 120TH PL.
City-State-Zip:	ANTHONY FL 32617

Title	MGR
Name	GRIFFIN, DOROTHY
Address	3100 SE 50TH PL
City-State-Zip:	OCALA FL 34480

Title	MGR
Name	COOK, DANIELLE
Address	6306 SE 10TH LANE
City-State-Zip:	OCALA FL 34472

Title	MGR
Name	CHRISTENSEN, CHELSEY
Address	1027 SE 50TH TER.
City-State-Zip:	OCALA FL 34471

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: TRACI BANTA

MGR

01/30/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date