

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000455101

**Entity Name:** CCMEDIC HOMECARE LLC

**Current Principal Place of Business:**

7320 E FLETCHER AVE.  
TAMPA, FL 33637

**Current Mailing Address:**

7320 E. FLETCHER AVE.  
SUITE 155  
TAMPA, FL 33637 US

**FEI Number:** 87-3485496

**Certificate of Status Desired:** No

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

JOSEPH, IDONGESIT E  
7320 E. FLETCHER AVE  
SUITE 155  
TAMPA, FL 33637 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:** IDONGESIT E. JOSEPH

05/06/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR.
Name	JOSEPH, IDONGESIT E	Name	EDET, NSIKAKABASI E
Address	7320 E FLETCHER AVE SUITE 155	Address	7320 E FLETCHER AVE.
City-State-Zip:	TAMPA FL 33637	City-State-Zip:	TAMPA FL 33637

*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:** NSIKAKABASI EDET

MANAGER

05/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date