

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000261384

Entity Name: ELEVATED PRIMARY CARE PLLC

Current Principal Place of Business:

4515 WILES ROAD SUITE 201
COCONUT CREEK, FL 33073

Current Mailing Address:

7957 N UNIVERSITY DR #137
PARKLAND, FL 33067 US

FEI Number: 88-2771235

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOWALSKI, AMANDA
7957 N UNIVERSITY DR
#137
PARKLAND, FL 33076 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 AP
Name KOWALSKI, AMANDA DO
Address 7957 N UNIVERSITY DR #137
City-State-Zip: PARKLAND FL 33067

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: AMANDA KOWALSKI

AP

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date