

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L22000297005

**Entity Name:** SMART ER URGENT CARE LLC**Current Principal Place of Business:**130 ISLAND WAY  
CLEARWATER, FL 33767**Current Mailing Address:**24 AVALON STREET  
CLEARWATER, FL 33767**FEI Number:** 88-3335690**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NOVEMBRE, LUIGI  
24 AVALON ST  
CLEARWATER BEACH, FL 33767 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	MANAGER
Name	NOVEMBRE, LUIGI
Address	24 AVALON ST
City-State-Zip:	CLEARWATER BEACH 33767

Title	MEDICAL DIRECTOR
Name	GROSSGOLD, ANDREAS DR.
Address	24 AVALON STREET
City-State-Zip:	CLEARWATER FL 33767

Title	MANAGER
Name	ARC CAPITAL INC.
Address	24 AVALON STREET
City-State-Zip:	CLEARWATER FL 33767

Title	MANAGER
Name	DANIEL PENELLO REVOCABLE TRUST
Address	24 AVALON STREET
City-State-Zip:	CLEARWATER FL 33767

*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:** LUIGI NOVEMBRE**MANAGER****02/20/2023**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date