

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000446134

Entity Name: BAGWELL HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

15498 GOLDFINCH CIRCLE
WESTLAKE, FL 33470

Current Mailing Address:

1245 ORCHID RD
GAMBRILLS, MD 21054 US

FEI Number: 87-4301099

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOWEN, PATRICIA
15498 GOLDFINCH CIRCLE
WESTLAKE, FL 33470 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 BAGWELL, NNEKA
Address 1245 ORCHID RD
City-State-Zip: GAMBRILLS MD 21054

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: NNEKA BAGWELL

MANAGER

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date