

**2023 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 BAGWELL

**MANAGER**

**04/25/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date