

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000061749

Entity Name: GLENN GOODWIN MEDICAL SERVICES LLC

Current Principal Place of Business:

8911 NW 19 ST
CORAL SPRINGS, FL 33071

Current Mailing Address:

8911 NW 19 ST
CORAL SPRINGS, FL 33071 US

FEI Number: 92-2284703

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUTH FLORIDA LAW PLLC
1920 E HALLANDALE BEACH BLVD #702
HALLANDALE BEACH, FL 33009 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 AMBR
Name GOODWIN, GLENN
Address 8911 NW 19 ST
City-State-Zip: CORAL SPRINGS FL 33071

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: GLENN GOODWIN

AMBR

02/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date