

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000150356

**Entity Name:** SEC MEDICAL SOLUTIONS LLC

**Current Principal Place of Business:**

118 OHIO AVE N  
SUITE A-1043  
LIVE OAK, FL 32064

**Current Mailing Address:**

118 OHIO AVE N  
SUITE A-1043  
LIVE OAK, FL 32064 US

**FEI Number:** 61-2086496

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RIBBING, SHANNON  
5064 CR 795  
LIVE OAK, FL 32060 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 PHILLIPS, JAMES C II  
Address 189 PLANTATION BLVD  
City-State-Zip: MADISON MS 39110

Title AMBR  
Name RIBBING, SHANNON  
Address 5064 CR 795  
City-State-Zip: LIVE OAK FL 32060

*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:** SHANNON RIBBING

AMBR

04/01/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date