

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000170736

**Entity Name:** GULF COAST MEDICAL SUPPLY, LLC

**Current Principal Place of Business:**

4428 CLIPPER COVE  
DESTIN, FL 32541

**Current Mailing Address:**

4428 CLIPPER COVE  
DESTIN, FL 32541 US

**FEI Number:** 92-3389239

**Certificate of Status Desired:** No

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

ERIC S. HAUG LAW & CONSULTING, P.A.  
3233 THOMASVILLE ROAD  
TALLAHASSEE, FL 32308 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            STACEY, ROBERT M  
Address        4428 CLIPPER COVE  
City-State-Zip: DESTIN FL 32541

*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:** ROBERT STACEY

**AUTHORIZED MEMBER**

**03/18/2024**

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

\_\_\_\_\_  
Date