

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000192677

**Entity Name:** EMERALD COAST MEDICAL, LLC

**Current Principal Place of Business:**

3836 N DAVIS HWY  
PENSACOLA, FL 32503

**Current Mailing Address:**

3356 WELLINGTON ROAD  
PENSACOLA, FL 32504 US

**FEI Number:** 92-3809293

**Certificate of Status Desired:** No

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

INC AUTHORITY RA  
390 NORTH ORANGE AVE., STE 2300-N  
ORLANDO, FL 32801 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:** ANGELINA HOLMBERG

05/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           WOOD, JENNI  
Address        3356 WELLINGTON ROAD  
City-State-Zip: PENSACOLA FL 32504

*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:** JENNI WOOD

MANAGER

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date