

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000307302

Entity Name: THE TRAUMATOLOGIST, LLC

Current Principal Place of Business:

132 CORAL WAY
JACKSONVILLE, FL 32250

Current Mailing Address:

132 CORAL WAY
JACKSONVILLE, FL 32250 US

FEI Number: 93-2107609

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERENCZ, SARAH-ASHLEY
132 CORAL WAY
JACKSONVILLE, FL 32250 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 KONDOR, CANDACE
Address 4222 LANAI DRIVE
City-State-Zip: SARASOTA FL 34241

Title MGR
Name FERENCZ, SARAH-ASHLEY
Address 132 CORAL WAY
City-State-Zip: JACKSONVILLE FL 32250

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: KONDOR, CANDACE

MANAGER

01/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date