

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000404542

**Entity Name:** EMERGE RECOVERY MEDICAL, L.L.C.

**Current Principal Place of Business:**

1245 COURT STREET  
CLEARWATER, FL 33756

**Current Mailing Address:**

1245 COURT STREET  
CLEARWATER, FL 33756

**FEI Number: 93-3117940**

**Certificate of Status Desired: No**

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

GASSMAN, ALAN S ESQ.  
1245 COURT STREET  
CLEARWATER, FL 33756 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 WEIZMAN, BARI  
Address 1245 COURT STREET  
City-State-Zip: CLEARWATER FL 33756

Title MGR  
Name FINKEL, EZRIEL  
Address 1245 COURT STREET  
City-State-Zip: CLEARWATER FL 33756

Title MGR  
Name SAFFER, MOSHE  
Address 1245 COURT STREET  
City-State-Zip: CLEARWATER FL 33756

*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: WEIZMAN , BARI**

**MGR**

**01/12/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date