

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012024

FILED
Jan 05, 2024
Secretary of State
6827324243CC

Entity Name: HERNANDO PASCO PRIMARY CARE, L.L.C.

Current Principal Place of Business:

11373 CORTEZ BLVD
206
BROOKSVILLE, FL 34613

Current Mailing Address:

11373 CORTEZ BLVD
206
BROOKSVILLE, FL 34613

FEI Number: 56-2339101

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, CHIRAG DR.
11373 CORTEZ BLVD
206
BROOKSVILLE, FL 34613 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: CHIRAG PATEL

01/05/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: MANAGER, VP
Name: PATEL, CHIRAG DR.
Address: 11373 CORTEZ BLVD
206
City-State-Zip: BROOKSVILLE FL 34613

Title: MANAGER, PRESIDENT
Name: NAVADIA, SANJAY DR.
Address: 11373 CORTEZ BLVD
206
City-State-Zip: BROOKSVILLE FL 34613

Title: AUTHORIZED REPRESENTATIVE
Name: RICHARDSON, CHRISTOPHER
Address: 1785 NORTHPOINTE PKWY., SUITE
300
City-State-Zip: LUTZ FL 33558

Title: MANAGER
Name: PATEL, PRITESH DR.
Address: 11373 CORTEZ BLVD
206
City-State-Zip: BROOKSVILLE FL 34613

Title: MANAGER
Name: CHOKSI, TARAK DR.
Address: 11373 CORTEZ BLVD
206
City-State-Zip: BROOKSVILLE FL 34613

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: CHRISTOPHER RICHARDSON

**AUTHORIZED
REPRESENTATIVE**

01/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date