

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000012024

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

**FILED**  
**Apr 17, 2023**  
**Secretary of State**  
**1167085769CC**

**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

04/17/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

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

Title AUTHORIZED REPRESENTATIVE  
Name RICHARDSON, CHRISTOPHER  
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**

04/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date