

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000014140

**Entity Name:** HERISTCHI MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

6961 INDIAN CREEK PARK DRIVE  
LAKELAND, FL 33813

**Current Mailing Address:**

6961 INDIAN CREEK PARK DRIVE  
LAKELAND, FL 33813 US

**FEI Number:** 57-1200891

**Certificate of Status Desired:** No

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

HERISTCHI, SASCHA  
6961 INDIAN CREEK PARK DRIVE  
LAKELAND, FL 33813 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:** SASCHA HERISTCHI

02/22/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            HERISTCHI, SASCHA L  
Address        6961 INDIAN CREEK PARK DRIVE  
City-State-Zip: LAKELAND FL 33813

Title            VP  
Name            HERISTCHI, KRISTEN  
Address        6961 INDIAN CREEK PARK DRIVE  
City-State-Zip: LAKELAND FL 33813

*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:** KRISTEN HERISTCHI

VP

02/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date