

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000078183

**Entity Name:** VERIMED HEALTH GROUP CARROLLWOOD, LLC

**Current Principal Place of Business:**

8521 N. ARMENIA AVE  
TAMPA, FL 33604

**Current Mailing Address:**

8521 N. ARMENIA AVE  
TAMPA, FL 33604 US

**FEI Number:** 20-3300793

**Certificate of Status Desired:** No

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

REVELLO, MARTIN  
26838 TANIC DRIVE  
WESLEY CHAPEL, FL 33544 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            AMBR  
Name            REVELLO HOLDINGS, LLC  
Address        26838 TANIC DRIVE  
City-State-Zip: WESLEY CHAPEL FL 33544

*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:** MARTIN REVELLO

**AUTHORIZED  
REPRESENTATIVE**

**04/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date