## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032561

Entity Name: VOLUSIA MEDICAL CENTER, LLC

**Current Principal Place of Business:** 

161 N CAUSEWAY SUITE A

NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:** 

3900 CLARK RD UNIT L2 SARASOTA, FL 34233 US

FEI Number: 20-8603389 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUONG, PRISCILLA 161 N CAUSEWAY SUITE A NEW SMYRNA BEACH FI

NEW SMYRNA BEACH, FL 32169 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: PRISCILLA LUONG 01/14/2025

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MGR

Name LUONG, PRISCILLA

Address 161 N CAUSEWAY, SUITE A
City-State-Zip: NEW SMYRNA BEACH FL 32169

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.

CEO

01/14/2025

FILED Jan 14, 2025

**Secretary of State** 

6442355856CC

Date