

**2022 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, 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:**

\_\_\_\_\_  
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.*

**SIGNATURE:** PRISCILLA LUONG

MGR

05/10/2022

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

\_\_\_\_\_  
Date