

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000070743

**Entity Name:** SEARCY MEDICAL CENTER & HOLDINGS, LLC**Current Principal Place of Business:**148 EAST BASE STREET  
MADISON, FL 32340**Current Mailing Address:**148 EAST BASE STREET  
MADISON, FL 32340**FEI Number:** 65-1312575**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SEARCY MILTON, VIVIAN  
148 EAST BASE STREET  
MADISON, FL 32340 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	MGRM
Name	MILTON, VIVIAN SEARCY
Address	148 EAST BASE STREET
City-State-Zip:	MADISON FL 32340

Title	MGRM
Name	MCCA, ALEXANDRIA E
Address	12948 FERN BANK LANE
City-State-Zip:	JACKSONVILLE FL 32223

Title	MGRM
Name	SEARCY, JAMES R II
Address	2881 NE OLD BLUE SPRINGS ROAD
City-State-Zip:	LEE FL 32059

Title	MGR
Name	SEARCY MILTON, VIVIAN
Address	148 EAST BASE STREET
City-State-Zip:	MADISON FL 32340

*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:** VIVIAN S MILTON**PRESIDENT****01/27/2023**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date