

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000040229

**Entity Name:** VERIMED HEALTH GROUP PLANT CITY, LLC

**Current Principal Place of Business:**

1706 S. ALEXANDER STREET  
PLANT CITY, FL 33563

**Current Mailing Address:**

1706 S. ALEXANDER STREET  
PLANT CITY, FL 33563 US

**FEI Number:** 26-4756127

**Certificate of Status Desired:** No

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

MARTIN REVELLO  
26838 TANIC DR  
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 VERIMED HEALTH GROUP  
HOLDINGS, LLC  
Address 26838 TANIC DR  
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:** AIMEE DIVICO

VAS ADMINISTRATIVE  
COORDINATOR

03/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date