## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000050673

Entity Name: HOLISTIC PRIMARY CARE LLC

**Current Principal Place of Business:** 

926 16 TH. STREET NORTH SUITE A ST PETERSBURG, FL 33705

**Current Mailing Address:** 

9001 3RD ST N ST PETERSBURG, FL 33702 US

FEI Number: 27-0308332 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EISENMAN, DONALD M DR. 9001 3RD ST N ST PETERSBURG, FL 33702 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: DR. DONALD M EISENMAN 01/13/2025

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR

Name EISENMAN, DONALD M DR.

Address 9001 3RD ST N

City-State-Zip: ST PETERSBURG FL 33702

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: DONALD EISENMAN

DOCTOR / OWNER

01/13/2025

Date

FILED Jan 13, 2025

**Secretary of State** 

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