

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000074352

Entity Name: GULF VIEW MEDICAL INSTITUTE PLLC

Current Principal Place of Business:

21942 EDGEWATER DRIVE
PORT CHARLOTTE, FL 33952

Current Mailing Address:

21942 EDGEWATER DRIVE
PORT CHARLOTTE, FL 33952 US

FEI Number: 27-3097057

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHAEFER, JUSTIN
5975 SUNSET DRIVE
SUITE 802
SOUTH MIAMI, FL 33143 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: JUSTIN SCHAEFER

01/08/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT	Title	VP OF OPERATIONS AND FINANCE
Name	RAVID, JOSEPH	Name	MASTRELLA, GENIFER
Address	21942 EDGEWATER DRIVE	Address	21942 EDGEWATER DRIVE
City-State-Zip:	PORT CHARLOTTE FL 33952	City-State-Zip:	PORT CHARLOTTE FL 33952

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: RAVID , JOSEPH

01/08/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date