

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000053221

Entity Name: SEASONS WOMEN'S CARE, LLC

Current Principal Place of Business:

SUITE 500 4010 W. BOY SCOUT BLVD
TAMPA, FL 33607

Current Mailing Address:

SUITE 500 4010 W. BOY SCOUT BLVD
TAMPA, FL 33607 US

FEI Number: 45-2313029

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 200W
TALLAHASSEE, FL 32301 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: BRIAN WRIGHT

04/09/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name FLORIDA WOMAN CARE, LLC
Address SUITE 500 4010 W. BOY SCOUT BLVD
City-State-Zip: TAMPA FL 33607

Title AUTHORIZED REPRESENTATIVE,
CFO
Name WRIGHT, BRIAN
Address SUITE 500 4010 W. BOY SCOUT BLVD
City-State-Zip: TAMPA FL 33607

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: BRIAN WRIGHT

**CHIEF FINANCIAL
OFFICER**

04/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date