**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 08, 2024**
**Secretary of State**
**2792261263CC**

DOCUMENT# L11000119905

**Entity Name:** MICHAEL TORTORELLA M.D., LLC

**Current Principal Place of Business:**

7300 SANDLAKE COMMONS BOULEVARD
SUITE 320
ORLANDO, FL 32819-8008

**Current Mailing Address:**

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

**FEI Number: 45-4330158**

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 200 W
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 04/08/2024

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MEMBER | Title | CFO |
| Name | FLORIDA WOMAN CARE, LLC | Name | WRIGHT, BRIAN |
| Address | 4010 W. BOY SCOUT BLVD<br>SUITE 500 | Address | 4010 W. BOY SCOUT BLVD<br>SUITE 500 |
| City-State-Zip: | TAMPA FL 33607 | 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 04/08/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date