

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000143540

Entity Name: METABOLIC MEDICAL CENTER, LLC

Current Principal Place of Business:

1120 SOUTH BELCHER ROAD
SUITE 2
LARGO, FL 33771

Current Mailing Address:

1120 SOUTH BELCHER ROAD
SUITE 2
LARGO, FL 33771 US

FEI Number: 45-4126858

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BASKIN, HAMDEN HIII
14020 ROOSEVELT BLVD
SUITE 808
CLEARWATER, FL 33762 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 MGRM
Name LEONHARDT, TRACIE JD.O.
Address 1120 BELCHER ROAD SOUTH
SUITE 2
City-State-Zip: LARGO FL 33771

Title MANAGER
Name BEASLEY, MITCHEL L
Address 1120 BELCHER RD S
SUITE 2
City-State-Zip: LARGO FL 33771

Title AUTHORIZED REPRESENTATIVE
Name THORPE, KIMBERLY ANN
Address 1120 SOUTH BELCHER ROAD
SUITE 2
City-State-Zip: LARGO FL 33771

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: TRACIE JEAN LEONHARDT BEASLEY

MGRM

01/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date