

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000072352

**Entity Name:** GOODMAN MEDICAL ASSOCIATES PLLC

**Current Principal Place of Business:**

460 LAKE ROAD  
LAKE MARY, FL 32746

**Current Mailing Address:**

460 LAKE ROAD  
LAKE MARY, FL 32746

**FEI Number:** 45-5409994

**Certificate of Status Desired:** No

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

GOODMAN, GARY A DR.  
460 LAKE ROAD  
LAKE MARY, FL 32746 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:** GARY ALLEN GOODMAN, MD

02/12/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GOODMAN, GARY A DR.  
Address 460 LAKE ROAD  
City-State-Zip: LAKE MARY FL 32746

*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:** GARY GOODMAN

02/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date