

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000098957

**Entity Name:** FAMILY MEDICAL DOCTORS, LLC

**Current Principal Place of Business:**

5234 LITTLE ROAD  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

5234 LITTLE ROAD  
NEW PORT RICHEY, FL 34655 US

**FEI Number:** 46-0700447

**Certificate of Status Desired:** No

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

PARRISH, LAURIE  
5234 LITTLE ROAD  
NEW PORT RICHEY, FL 34655 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:** LAURIE PARRISH

01/31/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DESAI, BHARAT  
Address 5234 LITTLE ROAD  
City-State-Zip: NEW PORT RICHEY FL 34655

Title MEMEBER  
Name DESAI, NILESH  
Address 5234 LITTLE ROAD  
City-State-Zip: NEW PORT RICHEY FL 34655

Title SECRETARY  
Name DESAI, MEENA B  
Address 5234 LITTLE ROAD  
City-State-Zip: NEW PORT RICHEY FL 34655

*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:** NILESH B DESAI

OWNER

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date