

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000002679

**Entity Name:** INCENTIVE MEDICAL, LLC

**Current Principal Place of Business:**

31 OCEAN REEF DRIVE  
C-206  
KEY LARGO, FL 33037

**Current Mailing Address:**

31 OCEAN REEF DRIVE  
C-206  
KEY LARGO, FL 33037 US

**FEI Number:** 46-1703922

**Certificate of Status Desired:** No

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

STINSON, WILLIAM  
31 OCEAN REEF DRIVE  
C-206  
KEY LARGO, FL 33037 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:** WILLIAM STINSON

04/08/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR, CHAIRMAN, PRESIDENT  
Name STINSON, WILLIAM G MD  
Address 57 ANCHOR DRIVE  
B  
City-State-Zip: KEY LARGO FL 33037

Title AMBR  
Name MADILL, FRED O  
Address 14850 SW 88TH AVE.  
City-State-Zip: PALMETTO BAY FL 33176

Title AMBR  
Name PICKENS, RUSTY D  
Address 1100 7TH STREET NE UNIT # 3  
City-State-Zip: WASHINGTON DC 20002

Title AMBR  
Name ROTH, GEOFFRY S  
Address 304 QUACKENBOS ST. NW  
City-State-Zip: WASHINGTON DC 20011

Title AMBR  
Name STEPHENS, CELISSA G  
Address 441 SOUTH SHORE DR.  
City-State-Zip: OSPREY FL 34229

*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:** WILLIAM STINSON MD

PRESIDENT

04/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date