

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000010349

Entity Name: COUNTYWIDE CONCUSSION CARE LLC**Current Principal Place of Business:**4321 SANTA MARIA STREET
CORAL GABLES, FL 33146**Current Mailing Address:**4321 SANTA MARIA STREET
CORAL GABLES, FL 33146**FEI Number:** 46-4646936**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GOLDSTEIN, CHERYL
4321 SANTA MARIA STREET
CORAL GABLES, FL 33146 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	MGR
Name	GOLDSTEIN, ADAM
Address	4321 SANTA MARIA STREET
City-State-Zip:	CORAL GABLES FL 33146

Title	MGR
Name	GOLDSTEIN, CHERYL
Address	4321 SANTA MARIA STREET
City-State-Zip:	CORAL GABLES FL 33146

Title	MGR
Name	GOLDSTEIN, DAVID
Address	4321 SANTA MARIA STREET
City-State-Zip:	CORAL GABLES FL 33146

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: ADAM M GOLDSTEIN

MANAGER

01/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date