2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2025
Secretary of State
8711854604CC

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: No

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

Title	MGR
Name	GOLDSTEIN, DAVID
Address	247 LITTLEWOOD DRIVE
City-State-Zip:	OAKVILLE ONTARIO L6H 7K1

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 GOLDSTEIN MANAGER 01/10/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date