

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000051083

**Entity Name:** COMMUNITY VACCINE CLINICS, LLC

**Current Principal Place of Business:**

2951 34TH STREET SOUTH  
ST. PETERSBURG, FL 33711

**Current Mailing Address:**

2951 34TH STREET SOUTH  
ST. PETERSBURG, FL 33711 US

**FEI Number: 46-2490264**

**Certificate of Status Desired: No**

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

GODFREY, ERNEST C  
7791 52 ST  
PINELLAS PARK, FL 33781 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: ERNEST GODFREY**

**03/22/2020**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title VP  
Name GODFREY, ERNEST  
Address 2951 34TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33711

Title VP  
Name MCLEMORE, JOHN  
Address 2951 34TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33711

Title VP  
Name RUMORE, MICHAEL J  
Address 2951 34TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33711

Title VP  
Name BROWN, MARK  
Address 2951 34TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33711

*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: ERNEST C GODFREY**

**PRESIDENT**

**03/22/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date