

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000113009

Entity Name: SHARON NICKELL-OLM M.D. FAMILY MEDICAL CENTER L.L.C.

Current Principal Place of Business:

2000 PREVATT ST. STE B
EUSTIS, FL 32726

Current Mailing Address:

1237 N. CREST CIRCLE
EUSTIS, FL 32726 US

FEI Number: 46-3633239

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

OLM, MICHAEL E
1237 N. CREST CIRCLE
EUSTIS, FL 32726 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	AUTHORIZED MEMBER
Name	OLM, MICHAEL E	Name	NICKELL-OLM, SHARON ANN DR.
Address	1237 N CREST CIR	Address	1237 N. CREST CIRCLE
City-State-Zip:	EUSTIS FL 32726	City-State-Zip:	EUSTIS FL 32726

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: MICHAEL E OLM

MANAGING PARTNER

01/18/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date