

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000169659

Entity Name: MICHEL C. SAMSON, M.D.,F.A.C.S., PLLC

Current Principal Place of Business:

3635 CLYDE MORRIS BLVD., STE 400
PORT ORANGE, FL 32129

Current Mailing Address:

3635 CLYDE MORRIS BLVD., STE 400
PORT ORANGE, FL 32129 US

FEI Number: 47-2218936

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MURPHY, SUSAN M
3635 CLYDE MORRIS BLVD., STE 400
PORT ORANGE, FL 32129 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: SUSAN M MURPHY

01/03/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER

Name MURPHY, SUSAN M

Address 3635 CLYDE MORRIS BLVD., STE 400

City-State-Zip: PORT ORANGE FL 32129

Title PRESIDENT

Name SAMSON, MICHEL C DR.

Address 3635 CLYDE MORRIS BLVD., STE 400

City-State-Zip: PORT ORANGE FL 32129

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: SUSAN M MURPHY

PRACTICE MANAGER

01/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date