

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000174665

**Entity Name:** NATURE COAST GERIATRIC SERVICES, LLC**Current Principal Place of Business:**3404 NORTH LECANTO HIGHWAY  
SUITE C  
BEVERLY HILLS, FL 34465**Current Mailing Address:**3404 NORTH LECANTO HIGHWAY  
SUITE C  
BEVERLY HILLS, FL 34465**FEI Number:** 47-2531596**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BHADRESH , PATEL  
3404 NORTH LECANTO HIGHWAY  
SUITE C  
BEVERLY HILLS, FL 34465 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:** BHADRESH PATEL

02/07/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name PATEL, BHADRESH  
Address 3404 NORTH LECANTO HIGHWAY,  
SUITE C  
City-State-Zip: BEVERLY HILLS FL 34465

Title AUTHORIZED MEMBER  
Name ALUGUBELLI, VENKAT DR.  
Address 3404 NORTH LECANTO HIGHWAY  
SUITE C  
City-State-Zip: BEVERLY HILLS FL 34465

Title AUTHORIZED MEMBER  
Name KHAN, HASIBUL DR.  
Address 3404 NORTH LECANTO HIGHWAY  
SUITE C  
City-State-Zip: BEVERLY HILLS FL 34465

Title AUTHORIZED MEMBER  
Name BELLAM, RAJENDRA DR.  
Address 3404 NORTH LECANTO HIGHWAY  
SUITE C  
City-State-Zip: BEVERLY HILLS FL 34465

Title AUTHORIZED MEMBER  
Name DEVEN, ULHAS DR.  
Address 3404 NORTH LECANTO HIGHWAY  
SUITE C  
City-State-Zip: BEVERLY HILLS FL 34465

Title AUTHORIZED MEMBER  
Name VILLACASTIN, ALEX DR.  
Address 3404 NORTH LECANTO HIGHWAY  
SUITE C  
City-State-Zip: BEVERLY HILLS FL 34465

Title AUTHORIZED MEMBER  
Name NAVARRO, CATHERINE MD  
Address 3404 NORTH LECANTO HIGHWAY  
SUITE C  
City-State-Zip: BEVERLY HILLS FL 34465

*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:** ALEX VILLACASTIN , M.D.

AUTHORIZED MEMBER

02/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date