### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000046652

Entity Name: BAY AREA MEN'S MEDICAL CENTER, LLC

## **Current Principal Place of Business:**

3644 HENDERSON BLVD SUITE B TAMPA, FL 33609

# **Current Mailing Address:**

3644 HENDERSON BLVD SUITE B TAMPA, FL 33609 US

FEI Number: 81-5453376 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

LUGO, KHRISTOPHER M 3644 HENDERSON BLVD SUITE B TAMPA, FL 33609 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

**FILED** Feb 18, 2024

**Secretary of State** 

0507317225CC

## Authorized Person(s) Detail:

**PRESIDENT** Title

LUGO, KHRISTOPHER M Name 3644 HENDERSON BLVD Address

SUITE B

SIGNATURE: KHRISTOPHER LUGO

City-State-Zip: TAMPA FL 33609

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.

Electronic Signature of Signing Authorized Person(s) Detail

**PRESIDENT** 

02/18/2024

Date