# 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000048597

Entity Name: AEGEAN PATIENT CARE ADVOCATES, LLC

**FILED** Feb 09, 2025 **Secretary of State** 9694765964CC

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

3016 US HIGHWAY 301 N. SUITE 350 TAMPA, FL 33619

# **Current Mailing Address:**

3016 US HIGHWAY 301 N. SUITE 350 TAMPA, FL 33619 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

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

JEFFRIES, DAVID M 1227 N FRANKLIN STREET TAMPA, FL 33602 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 MANAGER Title **MANAGER** HABER, PAUL SMITH. ED Name Name

3016 US HIGHWAY 301 N. Address 3016 US HIGHWAY 301 N. Address SUITE 350

SUITE 350

TAMPA FL 33619 **TAMPA FL 33619** City-State-Zip: City-State-Zip:

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: EDWARD G. SMITH

**MGR** 

02/09/2025