

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000093425

Entity Name: MIDWAY PRIMARY CARE, LLC

Current Principal Place of Business:

3255 S US HWY 1
FT PIERCE, FL 34982

Current Mailing Address:

356 E MIDWAY RD
FT PIERCE, FL 34982 US

FEI Number: 30-0940809

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAYDEN, KATHRYN E
356 E MIDWAY RD
FT PIERCE, FL 34982 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
Name MIDWAY HEALTH CARE CENTERS,
INC.
Address 3255 S US HWY 1
City-State-Zip: FT PIERCE FL 34982

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: ANAND SUKHRAM

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01/31/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date