

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000165959

Entity Name: LAKEWOOD RANCH PRIMARY CARE ASSOCIATES, LLC

Current Principal Place of Business:

3030 N. ROCKY POINT DR.
SUITE 825
TAMPA, FL 33607

Current Mailing Address:

3030 N. ROCKY POINT DR.
SUITE 825
TAMPA, FL 33607 US

FEI Number: 81-3841120

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 PINE ISLAND RD.
PLANTATION, FL 33324 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 AMBR
Name PCA TOPCO, LLC
Address 3030 N. ROCKY POINT DR.
 SUITE 825
City-State-Zip: TAMPA FL 33607

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: THOMAS WHYTAS

**AUTHORIZED
REPRESENTATIVE**

03/01/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date