

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000000651

Entity Name: DOUGLAS P. ZIPES, M.D., LLC

Current Principal Place of Business:

26868 WEDGEWOOD DR
203
BONITA SPRINGS, FL 34134

Current Mailing Address:

26868 WEDGEWOOD DR
203
BONITA SPRINGS, FL 34134 US

FEI Number: 82-3581490

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ZIPES, DOUGLAS P M.D.
26868 WEDGEWOOD DR
203
BONITA SPRINGS, FL 34134 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 ZIPES, DOUGLAS P M.D.
Address 26868 WEDGEWOOD DR
203
City-State-Zip: BONITA SPRINGS FL 34134

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: DOUGLAS P ZIPES

MGR

02/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date