

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000019928

Entity Name: NAPLES FAMILY PRACTICE, PLLC

Current Principal Place of Business:

1175 CREEKSIDE PKWY
UNIT 200
NAPLES, FL 34108

Current Mailing Address:

14558 INDIGO LAKES CIR
NAPLES, FL 34119 US

FEI Number: 81-5555514

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COTTRELL TAX AND ACCOUNTING LLC
5633 NAPLES BLVD
NAPLES, FL 33109 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: GERALD LEVENS, MD

01/19/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name LEVENS, GERALD
Address 1175 CREEKSIDE PARKWAY
UNIT 200
City-State-Zip: NAPLES FL 34108

Title MGR
Name LEVENS, GERALD
Address 1175 CREEKSIDE PKWY
UNIT 200
City-State-Zip: NAPLES FL 34108

Title MGR
Name LEVENS, MELISSA
Address 1175 CREEKSIDE PKWY
UNIT 200
City-State-Zip: NAPLES FL 34108

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: GERALD LEVENS

MGR

01/19/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date