

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000047529

**Entity Name:** PULSE MEDICAL DOCTORS, LLC

**Current Principal Place of Business:**

871 C.R. 466  
SUITE 200  
LADY LAKE, FL 32159

**Current Mailing Address:**

871 C.R. 466  
SUITE 200  
LADY LAKE, FL 32159 US

**FEI Number:** 82-0687318

**Certificate of Status Desired:** No

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

ANDERSON TRIAL GROUP, LLC  
603 E. FORT KING ST.  
OCALA, FL 34471 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:** ROBERT S. ANDERSON, ESQ.

01/11/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MEMBER	Title	MEMBER
Name	CLARISSA ABRANTES M.D., LLC	Name	ABRANTES, CLARISSA S
Address	993 SE 69TH PLACE	Address	993 SE 69TH PLACE
City-State-Zip:	OCALA FL 34480	City-State-Zip:	OCALA FL 34480

*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:** CLARISSA ABRANTES

CEO

01/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date