

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000144966

Entity Name: TOTAL MD URGENT CARE LLC

Current Principal Place of Business:

4623 FOREST HILL BLVD.
SUITE 110
WEST PALM BEACH, FL 33415

Current Mailing Address:

4623 FOREST HILL BLVD.
SUITE 110
WEST PALM BEACH, FL 33415 US

FEI Number: 82-2076258

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CENTRAL PALM BEACH PHYSICIANS & URGENT CARE INC
4623 FOREST HILL BLVD # 101
WEST PALM BEACH, FL 33415 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 SEGER, RUSS
Address 4623 FOREST HILL BLVD # 101
City-State-Zip: WEST PALM BEACH FL 33415

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: RUSS SEGER

MGR

03/12/2025

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date