

**2026 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 DC

MGRM

03/04/2026

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date