#### 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000193369

Entity Name: CAREFIRST MEDICAL CENTERS, LLC

Apr 29, 2025

# **Secretary of State** 5730477426CC

**FILED** 

## **Current Principal Place of Business:**

C/O ADVANTAGE HEALTH, INC. 1014 GRANADA BLVD CORAL GABLES, FL 33134

## **Current Mailing Address:**

C/O ADVANTAGE HEALTH, INC. 1014 GRANADA BLVD CORAL GABLES, FL 33134 US

FEI Number: 82-5199555 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

WILSON, EVERETT 1014 GRANADA BLVD CORAL GABLES, FL 33134 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: EVERETT WILSON 04/29/2025

Electronic Signature of Registered Agent

Date

#### Authorized Person(s) Detail:

Title MANAGER

ADVANTAGE HEALTH, INC. Name 1014 GRANADA BLVD Address

City-State-Zip: CORAL GABLES FL 33134

SIGNATURE: EVERETT WILSON

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.