

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000204029

**Entity Name:** BOND URGENT CARE, LLC

**Current Principal Place of Business:**

325 FIRST ST  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

500 E. CENTRAL AVE  
WINTER HAVEN, FL 33880 US

**FEI Number:** 82-3110303

**Certificate of Status Desired:** No

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

IAKOVIDIS, PANAGIOTIS DR.  
500 E. CENTRAL AVE  
WINTER HAVEN, FL 33880 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:** PANAGIOTIS IAKOVIDIS

01/18/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BOND & STEELE CLINIC, P.A.  
Address 500 E CENTRAL AVE  
City-State-Zip: WINTER HAVEN FL 33880

*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:** PANAGIOTIS IAKOVIDIS

MGR

01/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date