

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000211147

Entity Name: HUGHES DIRECT PRIMARY CARE, LLC

Current Principal Place of Business:

13731 METROPOLIS AVENUE
FORT MYERS, FL 33912

Current Mailing Address:

PO BOX 449
ESTERO, FL 33928

FEI Number: 82-3375568

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUGHES, DOUGLAS S DO
13731 METROPOLIS AVENUE
FORT MYERS, FL 33912 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: DOUGLAS S. HUGHES

09/23/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRES
Name HUGHES, DOUGLAS S DO
Address 13731 METROPOLIS AVENUE
City-State-Zip: FORT MYERS FL 33912

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: DOUGLAS S HUGHES DO

OWNER/PHYSICIAN

09/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date