

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000238829

Entity Name: LAWSON MEDICAL MANAGEMENT LLC

Current Principal Place of Business:

1324 BLUEWATER DRIVE
SUN CITY CENTER, FL 33573

Current Mailing Address:

1324 BLUEWATER DRIVE
SUN CITY CENTER, FL 33573 US

FEI Number: 82-3498452

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LAWSON, MICHELE T
1324 BLUEWATER DRIVE
SUN CITY CENTER, FL 33573 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 AMBR
Name LAWSON, MICHELE T
Address 1324 BLUEWATER DRIVE
City-State-Zip: SUN CITY CENTER FL 33573

Title AP
Name ACCRUAL WORLD BOOKKEEPING
LLC
Address 1515 S. SLATER CIRCLE
City-State-Zip: MESA AZ 85206

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: MICHELE T. LAWSON

AMBR

01/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date