

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000242501

Entity Name: TAYLOR MADE MEDICAL CARE, LLC

Current Principal Place of Business:

15909 NW 288TH LANE
ALACHUA, FL 32615

Current Mailing Address:

TAYLOR MADE MEDICAL CARE, LLC
PO BOX 358877
GAINESVILLE, FL 32635 US

FEI Number: 82-3518817

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TAYLOR, DALE L
15909 NW 288TH LANE
ALACHUA, FL 32615 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 MANAGER
Name TAYLOR, DALE L
Address 15909 NW 288TH LANE
City-State-Zip: ALACHUA FL 32615

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: DALE LEE TAYLOR

MD

01/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date