

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000045944

**Entity Name:** PATRICK JEAN, MD, LLC

**Current Principal Place of Business:**

3360 CR 575  
BUSHNELL, FL 33513

**Current Mailing Address:**

3360 CR 575  
BUSHNELL, FL 33513 US

**FEI Number:** 82-4518261

**Certificate of Status Desired:** No

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

JEAN, PATRICK M.D.  
3360 CR 575  
BUSHNELL, FL 33513 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 JEAN, PATRICK M.D.  
Address 3360 CR575  
City-State-Zip: BUSHNELL FL 33513

*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:** PATRICK JEAN

**PRESIDENT**

**04/14/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date