

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000131478

Entity Name: SANTOS PRIMARY CARE MEDICAL CLINICS, PLLC

Current Principal Place of Business:

8491 SE 165TH MULBERRY LANE
THE VILLAGES, FL 32162

Current Mailing Address:

8491 SE 165TH MULBERRY LANE
THE VILLAGES, FL 32162

FEI Number: 83-0787459

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SANTOS, ADAMASTOR A
10710 NE 27TH ST
OXFORD, FL 34484 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 MGR
Name SANTOS, ADAMASTOR A
Address 10710 NE 27TH ST
City-State-Zip: OXFORD FL 34484

Title MGR
Name SANTOS, JOAO
Address 16822 FLORENCE VIEW DRIVE
City-State-Zip: MONTVERDE FL 34756

Title MGR
Name SANTOS, TRENNNA
Address 10710 NE 27TH ST
City-State-Zip: OXFORD FL 34484

Title MGR
Name SANTOS, JANA E
Address 16822 FLORENCE VIEW DRIVE
City-State-Zip: MONTEVERDE FL 34756

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: ADAMASTOR SANTOS

OWNER MANAGER

04/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date