

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000131478

Entity Name: SANTOS PRIMARY CARE MEDICAL CLINICS, LLC

Current Principal Place of Business:

17820 SE 109TH AVE
STE 108
SUMMERFIELD, FL 34491

Current Mailing Address:

17820 SE 109TH AVE
STE 108
SUMMERFIELD, FL 34491 US

FEI Number: 83-0787459

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANTOS, TRENNNA
17820 SE 109TH AVE
STE 108
SUMMERFIELD, FL 34491 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: TRENNNA SANTOS

02/18/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title MGR
Name RUSS, ANNALEE
Address 2614 54TH AVE NE
City-State-Zip: NAPLES FL 34120

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: SANTOS , TRENNNA

MNGR

02/18/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date