

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000131478

Entity Name: SANTOS PRIMARY CARE MEDICAL CLINICS, LLC

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 US

FEI Number: 83-0787459

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AEBEL, ERIN ESQ
SHUMAKER, LOOP & KENDRICK, LLP
101 EAST KENNEDY BLVD SUITE 2800
TAMPA, FL 33602 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	Title	MGR
Name	SANTOS, TRENNNA	Name	RUSS, ANNALEE
Address	10710 NE 27TH ST	Address	6821 SW 44TH COURT
City-State-Zip:	OXFORD FL 34484	City-State-Zip:	DAVIE FL 33314

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: TRENNNA SANTOS

MGR

02/20/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date