

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L18000131478

**Entity Name:** SANTOS PRIMARY CARE MEDICAL CLINICS, LLC

**Current Principal Place of Business:**

340 HEALD WAY  
STE 208  
THE VILLAGES, FL 32163

**Current Mailing Address:**

340 HEALD WAY  
STE 208  
THE VILLAGES, FL 32163 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  
Name SANTOS, TRENNNA  
Address 10710 NE 27TH ST  
City-State-Zip: OXFORD FL 34484

Title MGR  
Name RUSS, ANNALEE  
Address 6821 SW 44TH COURT  
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

**MANAGER**

**02/22/2021**

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

\_\_\_\_\_  
Date