

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000247982

Entity Name: FLORIDA MEDICAL CLINIC, LLC

Current Principal Place of Business:

38135 MARKET SQUARE
ZEPHYRHILLS, FL 33542

Current Mailing Address:

38135 MARKET SQUARE
ZEPHYRHILLS, FL 33542 US

FEI Number: 59-3156212

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARQUARDT, J. MATTHEW
625 COURT ST #200
CLEARWATER, FL 33756 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: J. MATTHEW MARQUARDT

04/03/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title D
Name EISNER, MARK M.D.
Address 38135 MARKET SQUARE
City-State-Zip: ZEPHYRHILLS FL 33542

Title D
Name GUTTENTAG, IRA M.D.
Address 38135 MARKET SQUARE
City-State-Zip: ZEPHYRHILLS FL 33542

Title CEO
Name DELATORRE, JOE
Address 38135 MARKET SQUARE
City-State-Zip: ZEPHYRHILLS FL 33542

Title CAO
Name TAYLOR, AUGUSTUS
Address 38135 MARKET SQUARE
City-State-Zip: ZEPHYRHILLS FL 33542

Title D
Name COZZOLINO, JOSEPH M.D
Address 38135 MARKET SQUARE
City-State-Zip: ZEPHYRHILLS FL 33542

Title D
Name HERRERO-MUJIC, BELEN M.D.
Address 38135 MARKET SQUARE
City-State-Zip: ZEPHYRHILLS FL 33542

Title D
Name CRONEN, GEOFFREY M.D.
Address 38135 MARKET SQUARE
City-State-Zip: ZEPHYRHILLS FL 33542

Title CFO
Name CALDWELL, KENNETH T
Address 38135 MARKET SQUARE
City-State-Zip: ZEPHYRHILLS FL 33542

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: JOE DELATORRE

CEO

04/03/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date