

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000248135

**Entity Name:** OCOEE MEDICAL DEVELOPERS, LLC

**Current Principal Place of Business:**

135 W. CENTRAL BLVD.  
SUITE 450  
ORLANDO, FL 32801

**Current Mailing Address:**

135 W. CENTRAL BLVD.  
SUITE 450  
ORLANDO, FL 32801

**FEI Number:** 83-2320503

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JAMISON, ELLIOTT  
135 W. CENTRAL BLVD.  
SUITE 450  
ORLANDO, FL 32801 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            JAMISON, ELLIOTT  
Address        135 W. CENTRAL BLVD.  
                  SUITE 450  
City-State-Zip: ORLANDO FL 32801

*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:** ELLIOTT JAMISON

**MGR**

**04/17/2024**

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

\_\_\_\_\_  
Date