

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000006526

Entity Name: ENVISION PRIMARY HEALTHCARE LLC

Current Principal Place of Business:

221 N HOGAN ST
#335
JACKSONVILLE, FL 32202

Current Mailing Address:

221 N HOGAN ST
#335
JACKSONVILLE, FL 32202 US

FEI Number: 83-3135152

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEWIS, MEREDITH A
7317 STEVENTON WAY
JACKSONVILLE, FL 32244 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 LEWIS, MEREDITH A
Address 7317 STEVENTON WAY
City-State-Zip: JACKSONVILLE FL 32244

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: MEREDITH LEWIS

OWNER

02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date