#### 2021 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

## Name and Address of Current Registered Agent:

LEWIS, MEREDITH A 1106 ACOSTA ST JACKSONVILLE, FL 32204 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

## Authorized Person(s) Detail :

| Title           | MGR                   | Title           | MGR                   |
|-----------------|-----------------------|-----------------|-----------------------|
| Name            | LEWIS, MEREDITH A     | Name            | MOSHER, MARGARET      |
| Address         | 1106 ACOSTA ST        | Address         | 1106 ACOSTA ST        |
| City-State-Zip: | JACKSONVILLE FL 32204 | City-State-Zip: | JACKSONVILLE FL 32204 |

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

02/02/2021

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date

Certificate of Status Desired: No