

**2025 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

**MANAGER/OWNER**

**03/27/2025**

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

\_\_\_\_\_  
Date