

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000041694

**Entity Name:** FORGOTTEN COAST MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

11523 SW MCCLELLAN FARM ROAD  
CLARKSVILLE, FL 32430

**Current Mailing Address:**

11523 SW MCCLELLAN FARM ROAD  
CLARKSVILLE, FL 32430

**FEI Number:** 83-3664505

**Certificate of Status Desired:** No

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

MOORE, MARY S  
11523 SW MCCLELLAN FARM ROAD  
CLARKSVILLE, FL 32430 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            AMBR  
Name            MOORE, MARY S  
Address        11523 SW MCCLELLAN FARM ROAD  
City-State-Zip: CLARKSVILLE FL 32430

*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:** MARY S MOORE

AMBR

01/18/2020

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

\_\_\_\_\_  
Date