2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2025
Secretary of State
0319156760CC

DOCUMENT# L19000057882

Entity Name: PRO-ACTIVE MEDICAL CENTER, LLC

Current Principal Place of Business:

4591 HIGHWAY 20 EAST
SUITE 201
NICEVILLE, FL 32578

Current Mailing Address:

4591 HIGHWAY 20 EAST
SUITE 201
NICEVILLE, FL 32578

FEI Number: 83-3906681

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHUESSLER, BRIAN
4591 HIGHWAY 20 EAST
SUITE 201
NICEVILLE, FL 32578 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	PRESIDENT
Name	SCHUESSLER, BRIAN DC
Address	1069 NAPA WAY
City-State-Zip:	NICEVILLE FL 32578

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: BRIAN SCHUESSLER PRESIDENT 02/07/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date