

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000066241

**Entity Name:** PRIME MEDSPACE, LLC

**Current Principal Place of Business:**

8993 BAHAMA SWALLOW WAY  
NAPLES, FL 34120

**Current Mailing Address:**

8993 BAHAMA SWALLOW WAY  
NAPLES, FL 34120

**FEI Number: 83-4000275**

**Certificate of Status Desired: No**

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

HOLMES, IAN T  
711 5TH AVENUE SOUTH  
SUITE 200  
NAPLES, FL 34102 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 NAZZAL, ROBERT N  
Address 89 VILLA STREET  
City-State-Zip: WALTHAM MA 02453

Title MGR  
Name GRACEFFA, JAMESON  
Address 89 VILLA STREET  
City-State-Zip: WALTHAM MA 02453

Title MGR  
Name THE ROBERT COHEN 2016 RT  
Address 8993 BAHAMA SWALLOW WAY  
City-State-Zip: NAPLES FL 34120

Title MGR  
Name COHEN, JEFFREY  
Address 14 SHERMAN COURT  
City-State-Zip: SOMERVILLE MA 02145

Title MGR  
Name COHEN, RACHEL  
Address 14 SHERMAN COURT  
City-State-Zip: SOMERVILLE MA 02145

Title AUTHORIZED REPRESENTATIVE  
Name PREVOLOS, DEAN  
Address 9010 STRADA STELL CT, 209  
City-State-Zip: NAPLES FL 34109

*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: DEAN PREVOLOS**

**AUTHORIZED REP**

**01/29/2021**

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

\_\_\_\_\_  
Date