

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000084515

Entity Name: PHOENIX INTEGRATED MEDICAL CENTER, LLC

Current Principal Place of Business:

1936 LEE RD
SUITE 137
WINTER PARK, FL 32789

Current Mailing Address:

1936 LEE RD
SUITE 137
WINTER PARK, FL 32789 US

FEI Number: 83-4229309

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YEOMANS, TROY DAVID DC
3450 FOXMEADOW CT
LONGWOOD, FL 32779 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: TROY D YEOMANS, DC

02/13/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name YEOMANS, TROY D DC
Address 3450 FOXMEADOW CT
City-State-Zip: LONGWOOD FL 32779

Title OWNER, AUTHORIZED
 REPRESENTATIVE
Name HEAD, BRIAN CHRISTOPHER MD
Address 4520 PATRICIA ANN CT
City-State-Zip: ORLANDO FL 32839

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: TROY D YEOMANS

MANAGING MEMBER

02/13/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date