

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000130852

Entity Name: TLC MEDSERV LLC**Current Principal Place of Business:**601 S HARBOUR ISLAND BLVD
TAMPA, FL 33602**Current Mailing Address:**701 S. HOWARD AVE, STE 106117
TAMPA, FL 33606 US**FEI Number:** 35-2664248**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KOCHE, DAVID L
601 BAYSHORE BLVD, STE 700
TAMPA, FL 33606 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 PATEL, BHAVIK
Address 701 S. HOWARD AVE, STE 106117
City-State-Zip: TAMPA FL 33606

Title MGR
Name SHAH, RUPESH
Address 1010 N FLORIDA AVENUE
City-State-Zip: TAMPA FL FL 33602

Title MGR
Name CHANG, ALEX
Address 1010 N FLORIDA AVE
City-State-Zip: TAMPA FL 33602

Title MGR
Name KULKARNI, RAGHAVENDRA
Address 1010 N FLORIDA AVE
City-State-Zip: TAMPA FL 33602

Title PRESIDENT AND CHIEF EXECUTIVE OFFICER
Name POLEN, MICHAEL
Address 601 S HARBOUR ISLAND BLVD
City-State-Zip: TAMPA FL 33602

Title VICE PRESIDENT AND SECRETARY
Name HABER, MICHAEL
Address 601 S HARBOUR ISLAND BLVD
City-State-Zip: TAMPA FL 33602

Title TREASURER AND VICE PRESIDENT
Name JANKOVIC, GORAN
Address 601 S HARBOUR ISLAND BLVD
City-State-Zip: TAMPA FL 33602

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: MICHAEL HABER

VICE PRESIDENT

03/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date