

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000157009

Entity Name: NATURE COAST PRIMARY CARE INVERNESS, L.L.C.

Current Principal Place of Business:

1245 COURT STREET
CLEARWATER, FL 33756

Current Mailing Address:

1245 COURT STREET
CLEARWATER, FL 33756 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET
CLEARWATER, FL 33756 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 SAVAGE, KENNETH L JR.
Address 1245 COURT STREET
City-State-Zip: CLEARWATER FL 33756

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: SAVAGE , KENNETH L , JR.

MGR

04/04/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date