

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000171717

Entity Name: FCN INFUSION TAMPA, LLC

Current Principal Place of Business:

2919 W SWANN AVE
SUITE 410
TAMPA, FL 33609

Current Mailing Address:

9960 NW 116 WAY
SUITE 7
MEDLEY, FL 33178

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERFORMANCE MEDICAL MANAGEMENT, LLC
9960 NW 116 WAY
SUITE 7
MEDLEY, FL 33178 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: LANNY PAULEY

03/25/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name NEUROSCIENCE CONSULTANTS, LLP
Address 9960 NW 116 WAY STE 7
City-State-Zip: MEDLEY FL 33178

Title MGR
Name PAULEY, LANNY
Address 9960 NW 116 WAY STE 7
City-State-Zip: MEDLEY FL 33178

Title MGR
Name GRAN, BERNARD
Address 9960 NW 116 WAY STE 7
City-State-Zip: MEDLEY FL 33178

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: LANNY PAULEY

MGR

03/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date