2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2025
Secretary of State
8759043213CC

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Entity Name: SEASIDE PRIMARY CARE AND PSYCHIATRY, LLC

Current Principal Place of Business:

1931 ORTEGA STREET
NAVARRE, FL 32566

Current Mailing Address:

9670 MEADOW WOOD LANE
NAVARRE, FL 32566 US

FEI Number: 85-1171102

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANDERS, ANGELA D
9670 MEADOW WOOD LANE
NAVARRE, FL 32566 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	OWNER / CMO	Title	VP
Name	SANDERS, ANGELA	Name	SANDERS, GILBERT
Address	9670 MEADOW WOOD LANE	Address	9670 MEADOW WOOD LANE
City-State-Zip:	NAVARRE FL 32566	City-State-Zip:	NAVARRE FL 32566

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: ANGELA SANDERS OWNER 04/25/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date