

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000081330

Entity Name: SEASIDE PRIMARY CARE AND PSYCHIATRY, LLC

Current Principal Place of Business:

9670 MEADOW WOOD LANE
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 COO
Name DEARCO, CHRISTIAN
Address 9665 MEADOW WOOD LANE
City-State-Zip: NAVARRE FL 32566

Title COO
Name MILLIGAN, HEATH
Address 1920 BLUFF OAK STREET
City-State-Zip: APOPKA FL 32712

Title OWNER / CMO
Name SANDERS, ANGELA
Address 9670 MEADOW WOOD LANE
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: CHRISTIAN DEARCO

OWNER

02/02/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date