

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000146738

Entity Name: FAMILY MEDICAL CLINIC AND WELLNESS "LLC"

Current Principal Place of Business:

7736 GREENBRIER CIR
PORT ST LUCIE, FL 34986

Current Mailing Address:

7736 GREENBRIER CIR
PORT ST LUCIE, FL 34986 US

FEI Number: 85-1259454

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VITOUS, TERESA
7736 GREENBRIER CIR
PORT ST LUCIE, FL 34986 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 CEO
Name VITOUS, TERESA DR.
Address 7736 GREENBRIER CIR
City-State-Zip: PORT ST LUCIE FL 34986

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: DR .TERESA VITOUS

CEO

03/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date