

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000149556

Entity Name: PRIMARY CARE SPINE DOCTORS, PLLC

Current Principal Place of Business:

221 W. HALLANDALE BEACH BLVD
#346
HALLANDALE BEACH, FL 33009

Current Mailing Address:

221 W. HALLANDALE BEACH BLVD
#346
HALLANDALE BEACH, FL 33009 US

FEI Number: 85-1344866

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALCIDE, JUDE
221 W HALLANDALE BEACH BLVD
#346
HALLANDALE BEACH, FL 33009 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 JUDE ALCIDE, D.C., PLLC
Address 221 W. HALLANDALE BEACH BLVD
#346
City-State-Zip: HALLANDALE BEACH FL 33009

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: JUDE ALCIDE

OWNER

01/31/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date