

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000162505

**Entity Name:** SCHWARTZBARD, SALAZAR, FELDMAN OBGYN, LLC

**Current Principal Place of Business:**

SUITE 500 4010 W. BOY SCOUT BLVD  
TAMPA, FL 33607

**Current Mailing Address:**

SUITE 500 4010 W. BOY SCOUT BLVD  
TAMPA, FL 33607 US

**FEI Number:** 85-1586798

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
SUITE 200 W  
TALLAHASSEE, FL 32301 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:** BRIAN WRIGHT

04/09/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name FLORIDA WOMAN CARE  
Address SUITE 500 4010 W. BOY SCOUT BLVD  
City-State-Zip: TAMPA FL 33607

Title AUTHORIZED REPRESENTATIVE,  
CFO  
Name WRIGHT, BRIAN  
Address SUITE 500 4010 W. BOY SCOUT BLVD  
City-State-Zip: TAMPA FL 33607

*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:** BRIAN WRIGHT

**CHIEF FINANCIAL  
OFFICER**

04/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date