

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000177745

Entity Name: GATOR MOBILE HEALTHCARE LLC

Current Principal Place of Business:

2058 THORNHILL DR
FLEMING ISLAND, FL 32003

Current Mailing Address:

2058 THORNHILL DR
FLEMING ISLAND, FL 32003 US

FEI Number: 85-1616244

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOSSOR, BRIDGET AR
2058 THORNHILL DR
FLEMING ISLAND, FL 32003 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 AR
Name MOSSOR, BRIDGET
Address 2058 THORNHILL DR
City-State-Zip: FLEMING ISLAND FL 32003

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: BRIDGET MOSSOR

OWNER

04/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date