

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000344502

**Entity Name:** MERIDIAN PODIATRY LLC

**Current Principal Place of Business:**

4123 UNIVERSITY BLVD SOUTH  
SUITE F  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4123 UNIVERSITY BLVD SOUTH  
SUITE F  
JACKSONVILLE, FL 32216 US

**FEI Number:** 85-3840959

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33325 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 ROBINSON, NORSHAE  
Address 4123 UNIVERSITY BLVD SOUTH  
SUITE F  
City-State-Zip: JACKSONVILLE FL 32216

*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:** NORSHAE ROBINSON

MGR

02/07/2025

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date