

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000362734

**Entity Name:** POSCH PRIMARY CARE, LLC

**Current Principal Place of Business:**

7145 22ND AVE NORTH SUITE #10  
SAINT PETERSBURG, FL 33710

**Current Mailing Address:**

6844 34TH AVE NORTH  
SAINT PETERSBURG, FL 33710 US

**FEI Number:** 86-1877124

**Certificate of Status Desired:** No

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

POSCH, WILLIAM  
6844 34TH AVE NORTH  
ST PETERSBURG, FL 33770 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:** WILLIAM POSCH

04/07/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name POSCH, MARIA  
Address 6844 34TH AVE NORTH  
City-State-Zip: SAINT PETERSBURG FL 33710

Title MANAGER  
Name FEROBEN, LAUREN  
Address 7145 22ND AVE NORTH SUITE #10  
City-State-Zip: SAINT PETERSBURG FL 33710

Title VP  
Name WILLIAM, POSCH OWEN  
Address 6844 34TH AVE NORTH  
City-State-Zip: SAINT PETERSBURG FL 33710

*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:** MARIA POSCH

OWNER

04/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date