

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000024753

**Entity Name:** PRIME ENDOCRINOLOGY OF TAMPA, LLC

**Current Principal Place of Business:**

4290 W. LINEBAUGH AVENUE  
SUITE B  
TAMPA, FL 33624

**Current Mailing Address:**

8837 CITRUS PALM DRIVE  
TAMPA, FL 33626 US

**FEI Number:** 86-1761471

**Certificate of Status Desired:** No

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

SWAMI, ARCHANA  
8837 CITRUS PALM DRIVE  
TAMPA, FL 33626 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,AMBR  
Name SWAMI, ARCHANA  
Address 4290 W LINEBAUGH AVENUE  
SUITE B  
City-State-Zip: TAMPA FL 33624

Title MGR,AMBR  
Name SWAMI, VIJAY  
Address 8837 CITRUS PALM DRIVE  
City-State-Zip: TAMPA FL 33626

*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:** ARCHANA SWAMI

MD

01/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date