

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000144783

Entity Name: TOTAL CARE MEDICAL SPECIALISTS, LLC

Current Principal Place of Business:

3365 BURNS ROAD
SUITE 203
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

3365 BURNS ROAD
SUITE 203
PALM BEACH GARDENS, FL 33410 US

FEI Number: 86-2935470

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HUSTED, MICHAEL
3365 BURNS ROAD
SUITE 203
PALM BEACH GARDENS, FL 33410 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 HUSTED, MICHAEL
Address 3365 BURNS ROAD
SUITE 203
City-State-Zip: PALM BEACH GARDENS FL 33410

Title AUTHORIZED MEMBER
Name BEELITZ, JOHN DR.
Address 3365 BURNS ROAD SUITE 203
City-State-Zip: PALM BEACH GARDENS FL 33410

Title MGR
Name JIMENEZ, YENNISLEYDI
Address 3365 BURNS ROAD
SUITE 203
City-State-Zip: PALM BEACH GARDENS FL 33410

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: YENNISLEYDI JIMENEZ

MRG

01/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date