

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000162107

**Entity Name:** KSM MEDICAL HEALTH SERVICES LLC

**Current Principal Place of Business:**

19730 PRESERVATION WOODS DR  
LUTZ, FL 33558

**Current Mailing Address:**

19730 PRESERVATION WOODS DR  
LUTZ, FL 33558 US

**FEI Number: 86-3340186**

**Certificate of Status Desired: No**

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

SERRA, KAYLA  
19730 PRESERVATION WOODS DR  
LUTZ, FL 33558 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 SERRA, KAYLA  
Address 19730 PRESERVATION WOODS DR  
City-State-Zip: LUTZ FL 33558

*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: KAYLA SERRA**

**MGR**

**03/03/2023**

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

\_\_\_\_\_  
Date