## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000345373

Entity Name: THRIVE PRIMARY CARE, PLLC

**Current Principal Place of Business:** 

3256 W LAKE MARY BLVD STE 1110 LAKE MARY, FL 32746 Apr 04, 2024 Secretary of State 3011898756CC

**FILED** 

## **Current Mailing Address:**

3256 W LAKE MARY BLVD STE 1110 LAKE MARY, FL 32746 US

FEI Number: 87-1952024 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

THOMPSON, KATHERINE MICHELLE 3256 W LAKE MARY BLVD STE 1110 LAKE MARY, FL 32746 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: KATHERINE THOMPSON 04/04/2024

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MANAGER

Name THOMPSON, KATHERINE

Address 7010 LAKE NONA BOULEVARD

City-State-Zip: ORLANDO FL 32827

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.