

**2025 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

**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

04/23/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           THOMPSON, KATHERINE  
Address        3256 W LAKE MARY BLVD  
                  STE 1110  
City-State-Zip: LAKE MARY FL 32746

*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:** KATHERINE THOMPSON

**OWNER**

04/23/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date