

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000384460

**Entity Name:** LEMON BAY EMERGENCY PHYSICIANS PLLC

**Current Principal Place of Business:**

195 WINSON AVE  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

195 WINSON AVE  
ENGLEWOOD, FL 34223

**FEI Number: 87-2433510**

**Certificate of Status Desired: No**

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

STRBICH, STEVEN  
195 WINSON AVE  
ENGLEWOOD, FL 34223 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	AMBR	Title	AUTHORIZED REPRESENTATIVE
Name	STRBICH, STEVEN	Name	TEWES, CONNIE
Address	195 WINSON AVE	Address	5718 W US 10
City-State-Zip:	ENGLEWOOD FL 34223	City-State-Zip:	LUDINGTON MI 49431

*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: STEVEN STRBICH**

**OWNER**

**02/16/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date