

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000494202

**Entity Name:** VIDAL PHYSICIAN SERVICES FL LLC

**Current Principal Place of Business:**

4654 E STATE ROAD 64  
SUITE 131  
BRADENTON, FL 34208

**Current Mailing Address:**

4704 HALYARD DR  
BRADENTON, FL 34208

**FEI Number:** 87-4665403

**Certificate of Status Desired:** No

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

VIDAL, MARLENE  
4704 HALYARD DR.  
BRADENTON, FL 34208 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	Title	AMBR
Name	VIDAL, MARLENE D	Name	VIDAL, OCTAVIO J
Address	4704 HALYARD DR.	Address	4704 HALYARD DR.
City-State-Zip:	BRADENTON FL 34208	City-State-Zip:	BRADENTON FL 34208

*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:** OCTAVIO VIDAL

AMBR

01/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date