

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000011944

Entity Name: OBGYN ASSOCIATES OF PALM COAST, LLC

Current Principal Place of Business:

5 BOULDER ROCK DRIVE, SUITE D
PALM COAST, FL 32137

Current Mailing Address:

5 BOULDER ROCK DRIVE, SUITE D
PALM COAST, FL 32137 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOPPI, KAREN ANN DR.
44 HERON DRIVE
PALM COAST, FL 32137 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: KAREN A TOPPI MD

01/31/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name THOMAS SEARLE
Address 492 OCEAN FOREST DRIVE
City-State-Zip: ST. AUGUSTINE FL 32080

Title AMBR
Name LAILA NEEDHAM
Address 533 CR 207A
City-State-Zip: EAST PALATKA FL 32131

Title AMBR
Name KAREN TOPPI
Address 44 HERON DRIVE
City-State-Zip: PALM COAST FL 32137

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: KAREN TOPPI MD

MD

01/31/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date