

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000056401

Entity Name: COMPREHENSIVE MEDICAL CONSULTING LLC

Current Principal Place of Business:

17080 CERIS LOOP
CLERMONT, FL 34711

Current Mailing Address:

17080 CERIS LOOP
CLERMONT, FL 34711 US

FEI Number: 33-2197296

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OSHIKOYA, AMELIE
17080 CERIS LOOP
CLERMONT, FL 34711 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	MANAGER
Name	OSHIKOYA, AMELIE	Name	OSHIKOYA, OLAMIDE
Address	17080 CERIS LOOP	Address	17080 CERIS LOOP
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

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: AMELIE OSHIKOYA

MGR

01/18/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date