

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000405020

Entity Name: MERCY PATIENT CARE LLC

Current Principal Place of Business:

308 ELAND DR
NORTH FORT MYERS, FL 33917

Current Mailing Address:

308 ELAND DR
NORTH FORT MYERS, FL 33917

FEI Number: 93-3200418

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOIMEADIOS, MERCEDES
308 ELAND DR
NORTH FORT MYERS, FL 33917 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 P
Name DOIMEADIOS, MERCEDES
Address 308 ELAND DR
City-State-Zip: NORTH FORT MYERS FL 33917

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: MERCEDES DOIMEADIOS

PRESIDENT

04/05/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date