

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000376459

**Entity Name:** IRIS OBSTETRICS AND GYNECOLOGY, LLC

**Current Principal Place of Business:**

1811 LUCERNE TERRACE  
ORLANDO, FL 32806

**Current Mailing Address:**

4010 W. BOY SCOUT BLVD. SUITE 500  
TAMPA, FL 33607 US

**FEI Number:** 99-4883022

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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  
Name FLORIDA WOMAN CARE, LLC  
Address 4010 W BOY SCOUT BLVD. SUITE 500  
  
City-State-Zip: TAMPA FL 33607

*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:** AARON SUDBUR

MD

01/20/2025

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date