

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000363461

Entity Name: BREVARD WOUND CARE CENTER, LLC

Current Principal Place of Business:

445 PINEDA COURT
MELBOURNE, FL 32940

Current Mailing Address:

445 PINEDA COURT
MELBOURNE, FL 32940 US

FEI Number: 85-4089037

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK
2200 FRONT STREET STE 301
MELBOURNE, FL 32901 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 AMBR
Name MATEOS-MORA, MIGUEL M.D.
Address 445 PINEDA COURT
City-State-Zip: MELBOURNE FL 32940

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: MIGUEL MATEOS-MORA

DR

02/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date