

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000014608

**Entity Name:** TUCKER OAKS MEDICAL REAL ESTATE, LLC

**Current Principal Place of Business:**

1925 DON WICKHAM DR  
CLERMONT, FL 34711

**Current Mailing Address:**

1925 DON WICKHAM DR  
CLERMONT, FL 34711 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BROOME, ZACHARY  
600 JENNINGS AVE  
EUSTIS, FL 32726 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 VARMA, AMIT  
Address 1925 DON WICKHAM DR  
City-State-Zip: CLERMONT FL 34711

Title MGR  
Name SARANITA, ANTHONY  
Address 1925 DON WICKHAM DR  
City-State-Zip: CLERMONT FL 34711

Title MGR  
Name ATHANS, WILLIAM  
Address 1925 DON WICKHAM DR  
City-State-Zip: CLERMONT FL 34711

Title MANAGER  
Name WELSH, MATTHEW  
Address 1925 DON WICKHAM DR  
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:** MATTHEW WELSH

MANAGER

03/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date