

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000256342

**Entity Name:** APC MEDICAL SERVICES LLC

**Current Principal Place of Business:**

3419 TYRINGHAM DRIVE  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

3419 TYRINGHAM DRIVE  
WEST PALM BEACH, FL 33406 UN

**FEI Number:** 93-1738948

**Certificate of Status Desired:** No

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

POO CANGAS, ADA E  
3419 TYRINGHAM DRIVE  
WEST PALM BEACH, FL 33406 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 POO CANGAS, ADA E  
Address 3419 TYRINGHAM DRIVE  
City-State-Zip: WEST PALM BEACH FL 33406

*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:** ADA E POO CANGAS

MGR

01/31/2024

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

\_\_\_\_\_  
Date