

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M23000003304

Entity Name: WELLMED FLORIDA LLC

Current Principal Place of Business:

30 N. GOULD ST., STE. R
SHERIDAN, WY 82801

Current Mailing Address:

30 N. GOULD ST., STE. R
SHERIDAN, WY 82801 US

FEI Number: 84-4899603

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RYAN, O'SULLIVAN
1250 E HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009 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: RYAN O'SULLIVAN

01/04/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MBR
Name FLORIDA HEALTHCARE GROUP LLC
Address 30 N. GOULD ST., STE. R
City-State-Zip: SHERIDAN WY 82801

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: RYAN O'SULLIVAN

AUTHORIZED AGENT

01/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date