| 7001 SOUTH WEST 87 AVENUE<br>MIAMI, FL 33173  |   |                       |  |            |
|---|---|-----------------------|--|------------|
| Current Mai                                   | ling Address:   |                       |  |            |
| 7001 SOUTH<br>MIAMI, FL \$                    | HWEST 87 AVENUE<br>33173  |                       |  |            |
| FEI Number: 59-1220419                        |   |                       | Certificate of Status Desired: No            |            |
| Name and A                                    | ddress of Current Registered Agent:                                   |                       |  |            |
| MYERS, JANA<br>7001 SOUTH W<br>MIAMI, FL 3317 | EST 87 AVENUE   |                       |  |            |
| The above named                               | l entity submits this statement for the purpose of changing its regis | tered office or regis | tered agent, or both, in the State of Floric | la.        |
| SIGNATURE: JANA MYERS, MD                     |   |                       |  | 03/24/2022 |
|   | Electronic Signature of Registered Agent                              |                       |  | Date       |
| Officer/Dire                                  | ctor Detail :   |                       |  |            |
| Title   | S   | Title                 | т  |            |
| Name  | FINER, MICHAEL  | Name                  | GINSBURG, MARK                               |            |
| Address                                       | 10520 SW 126 ST.  | Address               | 10302 SW 141 ST.                             |            |
| City-State-Zip:                               |   | 0.1 0. 1 7.           |  |            |
|   | MIAMI FL 33176  | City-State-Zip:       | MIAMI FL 33176                               |            |
| Title   | PRESIDENT   | City-State-Zip:       | DIRECTOR                                     |            |
| Title<br>Name                                 |   |                       |  |            |
|   | PRESIDENT   | Title                 | DIRECTOR                                     |            |

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

### SIGNATURE: CHRISTIANE TRUJILLO

Electronic Signature of Signing Officer/Director Detail

03/24/2022

## FILED Mar 24, 2022

### Secretary of State 5577346090CC

Date

# 2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

### **DOCUMENT# 600452**

Entity Name: STEMERMAN, LAZARUS, SIMOVITCH, BILLINGS, FINER AND GINSBURG, M.D.'S, P.A.

### **Current Principal Place of Business:**