2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0100007664

Entity Name: SOUTH TAMPA MEDICAL INVESTMENTS, LLC

Current Principal Place of Business:

214 KEAP STREET BROOKLYN, NY 11211

Current Mailing Address:

14499 N. DALE MABRY HWY., SUITE 200 TAMPA, FL 33618 US

FEI Number: 59-3722197

Name and Address of Current Registered Agent:

APPLETON, ERIC N 501 E KENNEDY BLVD APPLETON, REISS & SKOREWICZ, PLLC 802 TAMPA, FL 33602 US FILED Apr 20, 2020 Secretary of State 7769232616CC

Certificate of Status Desired: Yes

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

Authorized Person(s) Detail :

	(-)		
Title	MGRM	Title	MGR
Name	GROSZ, JUDITH	Name	LEFKOWITZ, MORRIS
Address	214 KEAP ST	Address	570 BEDFORD AVENUE APT #2B
City-State-Zip:	BROOKLYN NY 11211	City-State-Zip:	BROOKLYN NY 11211
Title	MGR	Title	MGR
Name	LEFKOWITZ, EDWARD	Name	SCHACHTER, ROBERT
Address	5511 11TH AVE	Address	1670 50TH ST
City-State-Zip:	BROOKLYN NY 11219	City-State-Zip:	BROOKLYN NY 11219
Title	MGR	Title	MGR
Name	GOLD, HARRY	Name	LEFKOWITZ, JACOB
Address	1745 45TH ST		- ,
City-State-Zip:	BROOKLYN NY 11219	Address	125 TAYLOR ST
eny etate zip.		City-State-Zip:	BROOKLYN NY 11211

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: MORRIS LEFKOWITZ

MGR

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date