

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007664

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**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**APPLETON, ERIC N
501 E KENNEDY BLVD
APPLETON, REISS & SKOREWICZ, PLLC 802
TAMPA, FL 33602 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	MGRM
Name	GROSZ, JUDITH
Address	214 KEAP ST
City-State-Zip:	BROOKLYN NY 11211

Title	MGR
Name	LEFKOWITZ, EDWARD
Address	5511 11TH AVE
City-State-Zip:	BROOKLYN NY 11219

Title	MGR
Name	GOLD, HARRY
Address	1745 45TH ST
City-State-Zip:	BROOKLYN NY 11219

Title	MGR
Name	LEFKOWITZ, MORRIS
Address	570 BEDFORD AVENUE APT #2B
City-State-Zip:	BROOKLYN NY 11211

Title	MGR
Name	SCHACHER, ROBERT
Address	1670 50TH ST
City-State-Zip:	BROOKLYN NY 11219

Title	MGR
Name	LEFKOWITZ, JACOB
Address	125 TAYLOR ST
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

04/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date