#### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007664

Entity Name: SOUTH TAMPA MEDICAL INVESTMENTS, LLC

Mar 03, 2023 Secretary of State 8484899113CC

**FILED** 

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

214 KEAP STREET BROOKLYN, NY 11211

#### **Current Mailing Address:**

4100 W. KENNEDY BLVD C/O CIMINELLI 105 TAMPA, FL 33609 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 Title MGR

NameGROSZ, JUDITHNameLEFKOWITZ, MORRISAddress214 KEAP STAddress570 BEDFORD AVENUE

APT #2B

City-State-Zip: BROOKLYN NY 11211

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Title MGR

Name LEFKOWITZ, EDWARD

Address 5511 11TH AVE Name SCHACHTER, ROBERT

Address 1670 50TH ST

City-State-Zip: BROOKLYN NY 11219 City-State-Zip: BROOKLYN NY 11219

Title MGR Title MGR

NameGOLD, HARRYNameLEFKOWITZ, JACOBAddress1745 45TH STAddress125 TAYLOR ST

City-State-Zip: BROOKLYN NY 11219 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.

Electronic Signature of Signing Authorized Person(s) Detail