

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000018036

**Entity Name:** STUART K. JOSEPH M.D., LLC

**Current Principal Place of Business:**

9299 SW 152ND ST.  
SUITE 104  
MIAMI, FL 33157

**Current Mailing Address:**

9299 SW 152ND ST.  
SUITE 104  
MIAMI, FL 33157

**FEI Number:** 82-0554337

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOSEPH, STUART  
7120 SW 110 TERRACE  
MIAMI, FL 33156 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	P	Title	VP
Name	JOSEPH, STUART	Name	JOSEPH, SELVA
Address	7120 SW 110 TERR.	Address	14678 SW 139TH PLACE
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33178

*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:** STUART JOSEPH

**PRESIDENT**

**02/14/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date