

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000029850

**Entity Name:** HOSPITALIST SPECIALIST OF SOUTH FLORIDA, PLLC

**Current Principal Place of Business:**

50 BISCAYNE BLVD  
SUITE 3602  
MIAMI, FL 33132

**Current Mailing Address:**

50 BISCAYNE BLVD  
SUITE 3602  
MIAMI, FL 33132 US

**FEI Number:** 26-2255271

**Certificate of Status Desired:** No

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

THE LAW OFFICES OF MAX A ADAMS ESQ PLLC  
2151 S LEJEUNE RD  
SUITE 306  
CORAL GABLES, FL 33134 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:** MAX A ADAMS ESQ

04/02/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           AGHIGH, SOROUGH  
Address        50 BISCAYNE BLVD STE 3602  
City-State-Zip: MIAMI FL 33132

*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:** SOROUGH AGHIGH

MGR

04/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date