

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000044482

**Entity Name:** ACTION MEDICAL SERVICES LLC

**Current Principal Place of Business:**

10 SW SOUTH RIVER DR  
PH-I-14  
MIAMI, FL 33130

**Current Mailing Address:**

10 SW SOUTH RIVER DR  
PH-I-14  
MIAMI, FL 33130

**FEI Number:** 45-1718340

**Certificate of Status Desired:** Yes

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

SHINNERS, RICHARD D  
10 SW SOUTH RIVER DR  
PH-I-14  
MAIMI, FL 33130 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:** RICHARD D SHINNERS

04/06/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SHINNERS, RICHARD D  
Address 10 SW SOUTH RIVER DR  
City-State-Zip: MIAMI FL 33130

Title AUTHORIZED REPRESENTATIVE  
Name BLANCO, DENNIS HENAO  
Address 10 SW SOUTH RIVER DR  
PH-I-14  
City-State-Zip: MIAMI FL 33130

*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:** SHINNERS, RICHARD D

MGR

04/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date