# MGRM

Electronic Signature of Signing Authorized Person(s) Detail

SUITE 104 DAVIE, FL 33324

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

10650 WEST STATE ROAD 84 SUITE 104 DAVIE, FL 33324

### FEI Number: APPLIED FOR

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

GOULD, RANDY B 10650 WEST STATE ROAD 84 SUITE 104 DAVIE, FL 33324 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

| Authorized | Person(     | (s) Detail : |
|------------|-------------|--------------|
| /          | 1 01 00 11( |              |

| Authorized Person(s) Detail : |                                       |                 |                                       |  |
|-------------------------------|---------------------------------------|-----------------|---------------------------------------|--|
| Title                         | MGRM                                  | Title           | MGRM                                  |  |
| Name                          | GOULD, RANDY B                        | Name            | SABBOTA, MARK G                       |  |
| Address                       | 10650 WEST STATE ROAD 84 SUITE<br>104 | Address         | 10650 WEST STATE ROAD 84 SUITE<br>104 |  |
| City-State-Zip:               | DAVIE FL 33324                        | City-State-Zip: | DAVIE FL 33324                        |  |

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.

Certificate of Status Desired: No

03/13/2021

SIGNATURE: RANDY GOULD

Date

FILED Mar 13, 2021 Secretary of State 4973159106CC

#### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L13000063223

Entity Name: INFINITE HEALTH CENTERS, LLC

#### **Current Principal Place of Business:** 10650 WEST STATE ROAD 84