# 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.

MGR

SIGNATURE: ALBERTO PIERINI

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: SOUTH FLORIDA MEDICAL SPECIALISTS, LLC **Current Principal Place of Business:** 

7777 N. UNIVERSITY DR SUITE 201 TAMARAC, FL 33321

# **Current Mailing Address:**

DOCUMENT# L13000089305

7777 N. UNIVERSITY DR SUITE 201 TAMARAC, FL 33321 US

# FEI Number: 46-3018997

### Name and Address of Current Registered Agent:

SOUTH FLORIDA MEDICAL SPECIALISTS LLC 7777 N. UNIVERSITY DR SUITE 201 TAMARAC, FL 33321 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				03/15/2021
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MANAGING MEMBER	Title	MANAGING MEMBER	
Name	PIERINI, ALBERTO	Name	PIERINI, ANGEL	
Address	7777 N. UNIVERSITY DR SUITE 201	Address	7777 N. UNIVERSITY DR SUITE 201	
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321	

# Certificate of Status Desired: No

03/15/2021 Date

FILED Mar 15, 2021 Secretary of State 8729240901CC

# 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT