

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000110204

**Entity Name:** SPECIALTY PRACTICE SOLUTIONS, LLC

**Current Principal Place of Business:**

5340 N FEDERAL HWY, SUITE 110  
LIGHTHOUSE POINT, FL 33064

**Current Mailing Address:**

5340 N FEDERAL HWY, SUITE 110  
SUITE 207  
LIGHTHOUSE POINT, FL 33064 US

**FEI Number:** 47-1346797

**Certificate of Status Desired:** No

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

GUPTA, MAYURI P DR.  
5340 N FEDERAL HWY, SUITE 110  
LIGHTHOUSE POINT, FL 33064 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 MGR  
Name GUPTA, MAYURI P DR.  
Address 5340 N FEDERAL HWY, SUITE 110  
City-State-Zip: LIGHTHOUSE POINT FL 33064

*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:** MAYURI GUPTA

**OWNER**

**04/29/2022**

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

\_\_\_\_\_ Date