

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000176212

**Entity Name:** SOUTH FLORIDA INTERNAL MEDICINE, PLLC

**Current Principal Place of Business:**

911 E. OAKLAND PARK BLVD  
FORT LAUDERDALE, FL 33334

**Current Mailing Address:**

P.O. BOX 24696  
FT LAUDERDALE, FL 33307 US

**FEI Number:** 47-2738781

**Certificate of Status Desired:** No

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

TIRMAL, VIRAJ V.  
911 E. OAKLAND PARK BLVD  
FORT LAUDERDALE, FL 33334 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:** VIRAJ V. TIRMAL

07/11/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name TIRMAL, VIRAJ V.  
Address P.O. BOX 24696  
City-State-Zip: FT LAUDERDALE FL 33307

*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:** VIRAJ V. TIRMAL

MEMBER

07/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date