

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000002376

Entity Name: ROMA MEDICAL ASSOCIATES LLC

Current Principal Place of Business:

7855 ARGYLE FOREST BLVD
SUITE 905
JACKSONVILLE, FL 32244

Current Mailing Address:

7855 ARGYLE FOREST BLVD
SUITE 905
JACKSONVILLE, FL 32244 US

FEI Number: 47-2719315

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZECCARDI, ADAM
7855 ARGYLE FOREST BLVD
SUITE 905
JACKSONVILLE, FL 32244 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 ZECCARDI, ADAM
Address 7855 ARGYLE FOREST BLVD STE 905
City-State-Zip: JACKSONVILLE FL 32244

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: DR. ADAM ZECCARDI DC

MGR

01/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date