

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000080568

Entity Name: FAMILY MED SERVICES BAYSIDE LLC

Current Principal Place of Business:

4960 SW 72 AVENUE
SUITE 303
MIAMI, FL 33155

Current Mailing Address:

PO BOX 14-4131
CORAL GABLES, FL 33114

FEI Number: 36-4809481

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADVANTIS PHYSICIAN ALLIANCE, LLC
1405 SW 107 AVE
SUITE 301 - M
MIAMI, FL 33155 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 ADVANTIS PHYSICIAN ALLIANCE, LLC
Address 4960 SW 72 AVENUE
SUITE 303
City-State-Zip: MIAMI FL 33155

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: RAMON QUIRANTES

DIRECTOR

04/04/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date