

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000132746

Entity Name: LOMITA CLINICAL ASSOCIATES, LLC**Current Principal Place of Business:**3594 S. OCEAN BLVD
APT # 402
HIGHLAND BEACH, FL 33487**Current Mailing Address:**3594 S. OCEAN BLVD.
APT # 402
HIGHLAND BEACH, FL 33487 US**FEI Number:** 82-2137446**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAIKHEL, MARINA
3594 S. OCEAN BLVD.
APT # 402
HIGHLAND BEACH, FL 33487 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:** MARINA RAIKHEL

03/29/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :Title AMBR
Name RAIKHEL, MARINA
Address 3594 S. OCEAN BLVD.
APT # 402
City-State-Zip: HIGHLAND BEACH FL 33487Title AMBR
Name VAYNBERG, IDELLE I
Address 3594 S. OCEAN BLVD.
APT# 402
City-State-Zip: HIGHLAND BEACH FL 33487Title AMBR
Name RUIZ-LOPEZ, ROZA
Address 3594 S. OCEAN BLVD.
APT# 402
City-State-Zip: HIGHLAND BEACH FL 33487Title AMBR
Name VAYNBERG, LENA Z
Address 3594 S. OCEAN BLVD., UNIT 402
City-State-Zip: HIGHLAND BEACH FL 33487Title AMBR
Name RAIKHEL, VIOLA
Address 3594 S. OCEAN BLVD., UNIT 402
City-State-Zip: HIGHLAND BEACH FL 33487Title ASST. TREASURER
Name VAYNBERG, LEIGH S
Address 3594 S. OCEAN BLVD.
APT # 402
City-State-Zip: HIGHLAND BEACH FL 33487

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: MARINA RAIKHEL

CEO

03/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date