

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L16000062750

**Entity Name:** ADVANCED PODIATRY GROUP LLC

**Current Principal Place of Business:**

114 PARK LAKE STREET  
ORLANDO, FL 32803

**Current Mailing Address:**

114 PARK LAKE STREET  
ORLANDO, FL 32803 US

**FEI Number: 81-4122322**

**Certificate of Status Desired: Yes**

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

NADJAFI, RAMIN  
114 PARKLAKE STREET  
ORLANDO, FL 32803 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	Title	CFO
Name	NADJAFI, RAMIN	Name	NADJAFI, HEIDI
Address	114 PARK LAKE STREET	Address	736 N MAGNOLIA AVE
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803

*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: RAMIN NADJAFI**

**MANGER**

**03/01/2021**

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

\_\_\_\_\_  
Date