

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000083516

**Entity Name:** SABAS I. GOMEZ, M.D., PLLC

**Current Principal Place of Business:**

5030 SW 69 AVENUE  
MIAMI, FL 33155

**Current Mailing Address:**

5030 SW 69 AVENUE  
MIAMI, FL 33155 US

**FEI Number:** 81-2694121

**Certificate of Status Desired:** No

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

GOMEZ, SABAS I  
5030 SW 69 AVENUE  
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:** SABAS IVAN GOMEZ

04/26/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GOMEZ, SABAS I  
Address 5030 SW 69 AVENUE  
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:** SABAS I GOMEZ

MGR

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date