

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000225069

Entity Name: MIAMI MEDICAL ARTS CENTER LLC**Current Principal Place of Business:**13499 BISCAYNE BOULEVARD, SUITE 102
NORTH MIAMI, FL 33181**Current Mailing Address:**19710 NE 26 AVE
MIAMI, FL 33180 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLEMUR, ANIS
685 NE 126TH STREET
101
NORTH MIAMI, FL 33161 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:** ANIS BLEMUR

04/20/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|--|
| Title | MGR |
| Name | GULEC, SEZA |
| Address | 13499 BISCAYNE BOULEVARD, SUITE 102 |
| City-State-Zip: | NORTH MIAMI FL 33181 |

| | |
|-----------------|--|
| Title | MGR |
| Name | KIRKAN, HAKAN |
| Address | 13499 BISCAYNE BOULEVARD, SUITE 102 |
| City-State-Zip: | NORTH MIAMI FL 33181 |

| | |
|-----------------|--|
| Title | S |
| Name | KIRKAN, SELDA |
| Address | 13499 BISCAYNE BOULEVARD, SUITE 102 |
| City-State-Zip: | NORTH MIAMI FL 33181 |

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: SEZA GULEC

PRESIDENT

04/20/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date