# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000047499

Entity Name: PODIATRY NETWORK SOLUTIONS OF SOUTH FLORIDA LLC

FILED
Apr 18, 2024
Secretary of State
7259757951CC

# **Current Principal Place of Business:**

3750 NW 87TH AVENUE SUITE 500 DORAL, FL 33178

# **Current Mailing Address:**

3750 NW 87TH AVENUE SUITE 500 DORAL, FL 33178 US

FEI Number: 82-0678721 Certificate of Status Desired: No

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

DOMINGUEZ, JENNY 3750 NW 87TH AVENUE SUITE 500 DORAL, FL 33178 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 JOHNSON, RONNIE D
Address 3750 NW 87TH AVENUE

SUITE 500

City-State-Zip: DORAL FL 33178

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: JOHNSON , RONNIE D

Electronic Signature of Signing Authorized Person(s) Detail

04/18/2024

**MGR** 

Date