# 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: VICTORIA RON

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: AROUND THE CLOCK EMERGENCY MEDICINE P.L.L.C.

Current Principal Place of Business:

7611 ABBOTT AVE MIAMI BEACH, FL 33141

### **Current Mailing Address:**

DOCUMENT# L17000208411

7611 ABBOTT AVE MIAMI BEACH, FL 33141 US

### FEI Number: 82-3180523

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

RON, AMIR 7611 ABBOTT AVE MIAMI BEACH, FL 33141 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:	AMIR RON

Electronic Signature of Registered Agent

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### Authorized Person(s) Detail :

TitleMGRNameRON, VICTORIAAddress7611 ABBOTT AVECity-State-Zip:MIAMI BEACH FL 33141

Certificate of Status Desired: No

03/06/2024 Date

Date

#### FILED Mar 06, 2024 Secretary of State

1268424743CC

MEMBER

03/06/2024

NE P.L.L.C.