

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000234247

**Entity Name:** PHOENIX AMERICAN MEDICAL, LLC

**Current Principal Place of Business:**

14690 SPRING HILL DRIVE, STE 101  
SPRING HILL, FL 34609

**Current Mailing Address:**

14690 SPRING HILL DRIVE, STE 101  
SPRING HILL, FL 34609 US

**FEI Number:** 82-3467929

**Certificate of Status Desired:** No

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

FRICK, SCOTT ESQ.  
1005 N MARION STREET  
TAMPA, FL 33602 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:** /S/ SCOTT A. FRICK

04/10/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name MUFTAH, AZZAM MD  
Address 12900 CORTEZ BLVD  
City-State-Zip: BROOKSVILLE FL 34613

*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:** AZZAM MUFTAH

MGR

04/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date