

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000008041

**Entity Name:** ADVANCED DIAGNOSTIC #2 LLC

**Current Principal Place of Business:**

17971 BISCAYNE BOULEVARD  
SUITE 102  
AVENTURA, FL 33326

**Current Mailing Address:**

17971 BISCAYNE BOULEVARD  
SUITE 102  
AVENTURA, FL 33326 US

**FEI Number:** 82-4502589

**Certificate of Status Desired:** No

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

ZOLLICOFFER, ANTHONY  
17971 BISCAYNE BOULEVARD  
SUITE 102  
AVENTURA, FL 33326 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 AP  
Name ZOLLICOFFER, ANTHONY  
Address 17971 BISCAYNE BOULEVARD  
SUITE 102  
City-State-Zip: AVENTURA FL 33160

Title AP  
Name ZOLLICOFFER, ANTHONY  
Address 17971 BISCAYNE BOULEVARD  
SUITE 102  
City-State-Zip: AVENTURA FL 33160

*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:** ANTHONY ZOLLICOFFER

**MANAGER**

**04/15/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date