

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000139433

**Entity Name:** AMKY PHYSICIAN SERVICES LLC**Current Principal Place of Business:**18 COUNTRY AIRE DR  
ST. LOUIS, MO 63131-2318**Current Mailing Address:**18 COUNTRY AIRE DR.  
SAINT LOUIS, MO 63131 US**FEI Number:** 83-0875364**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEIL JESANI ADVISORS, INC.  
1300 SAWGRASS CORPORATE PKWY  
130  
SUNRISE, FL 33323 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:** NEIL JESANI

01/31/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	MEMBER
Name	KANDIMALLA, YUGANDHAR	Name	MACHAVARAPU, ARCHANA
Address	18 COUNTRY AIRE DR	Address	18 COUNTRY AIRE DR
City-State-Zip:	SAINT LOUIS MO 63131	City-State-Zip:	SAINT LOUIS MO 63131

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:** YUGANDHAR KANDIMALLA**AUTHORIZED MEMBER**

01/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date