

2024 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

03/21/2024

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

AMBR

03/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date