

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000139433

**Entity Name:** AMKY PHYSICIAN SERVICES LLC

**Current Principal Place of Business:**

4932 SW 55TH PLACE  
OCALA, FL 34474

**Current Mailing Address:**

4932 SW 55TH PLACE  
OCALA, FL 34474

**FEI Number:** 83-0875364

**Certificate of Status Desired:** No

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

TAXES UNTANGLED INC  
2491 NW 44TH AVE  
OCALA, FL 34482 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:** ELIZABETH DAVIES

10/24/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name KANDIMALLA, YUGANDHAR  
Address 4932 SW 55TH PLACE  
City-State-Zip: Ocala FL 34474

*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

MBR

10/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date