

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000203461

**Entity Name:** FLEISCHNER INTERNAL MEDICINE, L.L.C.

**Current Principal Place of Business:**

9564 PHIPPS LANE  
WELLINGTON, FL 33414

**Current Mailing Address:**

9564 PHIPPS LANE  
WELLINGTON, FL 33414 US

**FEI Number:** 83-1791168

**Certificate of Status Desired:** No

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

KRAMER, ROBERT M  
4000 HOLLYWOOD BLVD STE 485-S  
HOLLYWOOD, FL 33021 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            MANAGER  
Name            FLEISCHNER, NATHANIEL  
Address        9654  
City-State-Zip: WELLINGTON FL 33414

Title            MGR  
Name            LAVITAN, MELANIE S  
Address        9564 PHIPPS LANE  
City-State-Zip: WELLINGTON FL 33414

*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:** MELANIE LAVITAN

MANAGER

01/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date