

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000250371

Entity Name: PERSONALIZED MEDICINE INSTITUTE, LLC.

Current Principal Place of Business:

4765 SW 148TH. AVENUE
SUITE 404
DAVIE, FL 33330

Current Mailing Address:

4765 SW 148TH AVE
SUITE 404
DAVIE, FL 33330 US

FEI Number: 83-2367049

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, MAXIMO DR.
4765 SW 148TH AVE
SUITE 404
DAVIE, FL 33330 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: MAXIMO FERNANDEZ

03/25/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name FERNANDEZ, MAXIMO J
Address 4765 SW 148TH AVE
SUITE 404
City-State-Zip: DAVIE FL 33330

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: FERNANDEZ , MAXIMO J

MGR

03/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date