

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000209586

**Entity Name:** THE NEOMEDICINE INSTITUTE, LLC

**Current Principal Place of Business:**

2510 NW 97TH AVE  
SUITE 110  
DORAL, FL 33172

**Current Mailing Address:**

2510 NW 97TH AVE  
SUITE 110  
DORAL, FL 33172 US

**FEI Number:** 84-2879056

**Certificate of Status Desired:** No

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

POMERANZ & ASSOCIATES, P.A.  
1920 E. HALLANDALE BEACH BLVD.  
SUITE 802  
HALLANDALE, FL 33009 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 MGR  
Name SANDOOR MANAGEMENT, LLC  
Address 3773 HOWARD HUGHES PKWY SUITE  
500S  
City-State-Zip: LAS VEGAS NV 89169

*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:** CARLA CERRA

**OFFICE MANAGER**

**02/01/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date