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.

MGR

SIGNATURE: SUBHASH C. GUPTA

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED L	LIABILITY COMPANY ANNUAL REPORT	•

DOCUMENT# L19000273025

Entity Name: 105 MEDICAL ASSOCIATES LLC

Current Principal Place of Business:

601 E SAMPLE ROAD SUITE 105 POMPANO BEACH, FL 33064

Current Mailing Address:

C/O 10380 SW VILLAGE CENTER DR #419 PORT ST LUCIE, FL 34987 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

PAUL J. LANE ESQ P.A. 10380 SW VILLAGE CENTER DR #419 PORT ST LUCIE, FL 34987 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	GUPTA, SUBHASH C	Name	GUPTA, NEENA R
Address	601 EAST SAMPLE ROAD #105	Address	301 E SAMPLE ROAD #105
City-State-Zip:	POMPANO BEACH FL 33064	City-State-Zip:	POMPANO BEACH FL 33064

Date

Certificate of Status Desired: No

03/21/2024

Date