

**2020 FLORIDA LIMITED 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:**

601 E SAMPLE ROAD  
SUITE 105  
POMPANO BEACH, FL 33064

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PAUL J. LANE ESQ P.A.  
7880 N UNIVERSITY DR #200  
TAMARAC, FL 33321 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 GUPTA, SUBHASH C  
Address 601 EAST SAMPLE ROAD #105  
City-State-Zip: POMPANO BEACH FL 33064

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

*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:** SUBHASH C GUPTA

**MGR**

**03/27/2020**

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

\_\_\_\_\_  
Date