

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000077804

**Entity Name:** SPECIALTY PHYSICIAN SERVICES, LLC

**Current Principal Place of Business:**

3911 SW 67 AVENUE  
MIAMI, FL 33155

**Current Mailing Address:**

3911 SW 67 AVENUE  
MIAMI, FL 33155 US

**FEI Number: 84-5069168**

**Certificate of Status Desired: No**

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

MESA, ANTONIO  
3911 SW 67 AVENUE  
MIAMI, FL 33155 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:** ANTONIO MESA

05/08/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MESA, ANTONIO  
Address 3911 SW 67 AVENUE  
City-State-Zip: MIAMI FL 33155

*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:** ANTONIO MESA

MANAGER

05/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date