

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000097868

**Entity Name:** DR. MIAMI BEACH, LLC

**Current Principal Place of Business:**

400 W 41ST ST  
UNIT 412  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

400 ARTHUR GODFREY RD  
412  
MIAMI BEACH, FL 33140 US

**FEI Number:** 85-0633196

**Certificate of Status Desired:** No

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

LALCHANDANI SIMON PL  
25 SE 2ND AVE  
SUITE 1020  
MIAMI, FL 33131 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 HUSAIN, TARIK  
Address 4308 ALTON RD, SUITE 940  
City-State-Zip: MIAMI BEACH FL 33141

*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:** TARIK HUSAIN

**OWNER**

**07/28/2021**

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

\_\_\_\_\_  
Date