

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000358640

Entity Name: ACCESS MEDICAL GROUP OF NORTH MIAMI BEACH, LLC

Current Principal Place of Business:

6100 BLUE LAGOON DRIVE, STE. 365
MIAMI, FL 33126

Current Mailing Address:

7700 FORSYTH BLVD.
ST. LOUIS, MO 63105 US

FEI Number: 45-3191569

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER, SECRETARY
Name KOSTER, CHRISTOPHER A
Address 7700 FORSYTH BLVD.
City-State-Zip: ST. LOUIS MO 63105

Title MANAGER
Name CHERVITZ, CHUCK
Address 7700 FORSYTH BLVD.
City-State-Zip: ST. LOUIS MO 63105

Title VP, TAX
Name DINKELMAN, TRICIA
Address 7700 FORSYTH BLVD.
City-State-Zip: ST. LOUIS MO 63105

Title PRESIDENT
Name RAMIREZ, RAYNY
Address 6100 BLUE LAGOON DRIVE, STE. 365
City-State-Zip: MIAMI FL 33126

Title VP
Name BAIOCCHI, SARAH
Address 7700 FORSYTH BLVD.
City-State-Zip: ST. LOUIS MO 63105

Title VP, FINANCE
Name MAJORS, RICHARD
Address 6100 BLUE LAGOON DRIVE, STE. 365
City-State-Zip: MIAMI FL 33126

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: TRICIA DINKELMAN

VICE PRESIDENT, TAX

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date