

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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

05/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date