

2022 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
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	MANAGER
Name	PATEL, RAJIV DR.
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: RAJIV PATEL

CEO

02/03/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date