

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000359121

**Entity Name:** ACCESS MEDICAL GROUP OF HIALEAH, LLC**Current Principal Place of Business:**6100 BLUE LAGOON DR STE 365  
MIAMI, FL 33126**Current Mailing Address:**7700 FORSYTH BLVD  
ST LOUIS, MO 63105 US**FEI Number:** 45-3192283**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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	MGR
Name	SAMA, MICHAEL A
Address	6100 BLUE LAGOON DR STE 365
City-State-Zip:	MIAMI FL 33126

Title	MGR
Name	KOSTER, CHRISTOPHER A
Address	7700 FORSYTH BLVD
City-State-Zip:	ST. LOUIS MO 63105

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

*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:** MICHAEL SAMA

MANAGER

04/26/2021

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