

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000051434

Entity Name: RHEUMATOLOGY MEDICAL CENTER LLC

Current Principal Place of Business:

2300 N COMMERCE PKWY
301
WESTON, FL 33326

Current Mailing Address:

2300 N COMMERCE PKWY
301
WESTON, FL 33326 US

FEI Number: 86-1762726

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALDERA LAW PLLC
7293 NW 2ND AVE
MIAMI, FL 33150 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: ANTHONY NARULA

01/17/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name RITIKA D. NARULA, P.A.
Address 2300 N COMMERCE PKWY, SUITE 301
City-State-Zip: WESTON FL 33332

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: RITIKA NARULA

MANAGER

01/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date