

**2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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  
7275 NW 1ST CT, UNIT 104  
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

08/27/2025

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 D. NARULA

MGR

08/27/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date