

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000152185

**Entity Name:** ALEXANDER J LOZANO MD PLLC

**Current Principal Place of Business:**

3920 ORANGE GROVE BLVD  
APT 6  
NORTH FORT MYERS, FL 33903

**Current Mailing Address:**

3920 ORANGE GROVE BLVD  
APT 6  
NORTH FORT MYERS, FL 33903 US

**FEI Number:** 86-2998689

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOZANO, ALEXANDER J  
3920 ORANGE GROVE BLVD  
APT 6  
NORTH FORT MYERS, FL 33903 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	Title	MGR
Name	LOZANO, ALEXANDER J	Name	LOZANO, SUSAN M
Address	3920 ORANGE GROVE BLVD, APT 6	Address	3920 ORANGE GROVE BLVD, APT 6
City-State-Zip:	NORTH FORT MYERS FL 33903	City-State-Zip:	NORTH FORT MYERS FL 33903

*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:** ALEXANDER J. LOZANO

**OWNER**

**02/06/2024**

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

\_\_\_\_\_  
Date