

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L22000088810

**Entity Name:** MAGYAR MEDICAL GROUP LLC

**Current Principal Place of Business:**

711 W. COLONIAL DR  
ORLANDO, FL 32804

**Current Mailing Address:**

711 W. COLONIAL DR  
ORLANDO, FL 32804 US

**FEI Number:** 88-1034329

**Certificate of Status Desired:** No

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

MAGYAR, ADAM  
711 W. COLONIAL DR  
ORLANDO, FL 32804 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 MAGYAR, ADAM  
Address 711 W. COLONIAL DR  
City-State-Zip: ORLANDO FL 32804

Title AMBR  
Name MAGYAR, ADAM  
Address 711 W. COLONIAL DR  
City-State-Zip: ORLANDO FL 32804

Title MGR  
Name MAGYAR, NICHOLA  
Address 711 W. COLONIAL DR  
City-State-Zip: ORLANDO FL 32804

Title AMBR  
Name MAGYAR, NICHOLA  
Address 711 W. COLONIAL DR  
City-State-Zip: ORLANDO FL 32804

*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:** NICHOLA MAGYAR

**MANAGER**

**02/02/2024**

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

\_\_\_\_\_  
Date