

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000101445

**Entity Name:** INTERNAL MEDICINE AUTHORITY LLC

**Current Principal Place of Business:**

6400 BOYNTON BEACH BLVD  
STE 742564  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

6400 BOYNTON BEACH BLVD  
STE 742564  
BOYNTON BEACH, FL 33437 US

**FEI Number:** 87-2886733

**Certificate of Status Desired:** Yes

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

FLUSS, WAYNE  
6400 BOYNTON BEACH BLVD  
STE 742564  
BOYNTON BEACH, FL 33437 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 FLUSS, WAYNE  
Address 6400 BOYNTON BEACH BLVD  
STE 742564  
City-State-Zip: BOYNTON BEACH FL 33437

*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:** WAYNE FLUSS

**MGR**

**08/15/2023**

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

\_\_\_\_\_  
Date