2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000315896

Entity Name: AKSHAR MEDICAL LLC

Current Principal Place of Business:

1901 SE 18TH AVENUE OCALA, FL 34471

Current Mailing Address:

10832 SW 91ST AVENUE OCALA, FL 34481 US

FEI Number: 88-3360797 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, PARESH 10832 SW 91ST AVENUE OCALA, FL 34481 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

FILED Apr 26, 2024

Secretary of State

9653327568CC

Authorized Person(s) Detail:

Title AMBR Title AMBR

Name PATEL, PARESH Name SAHAJANAND INVESTMENT &

SERVICES INC.

Address 10832 SW 91ST AVENUE Address 4908 SW 55TH PLACE
City-State-Zip: OCALA FL 34481

City-State-Zip: OCALA FL 34474

AMBR

Title AMBR

Name PATEL, KOKILABEN

Address 5439 SW 49TH AVENUE Name NILKANTH-9 INVESTMENT LLC

Title

Address 5439 SW 491H AVENUE Address 5644 SW 50TH TERR

City-State-Zip: OCALA FL 34474 City-State-Zip: OCALA FL 34474

Title AMBR

Name

Address

NamePATEL, RAJNIKANTNamePATEL, YASHVANTKUMARAddress2414 TEA OLIVE TRAddress4924 SW 56TH STREET

City-State-Zip: VALRICO FL 33594 City-State-Zip: OCALA FL 34474

Title AMBR Title AMBR

PATEL, BHARATKUMAR Name PATEL, SURESH K

GANGARAMDAS

4221 SE 12TH AVE

Address

35 GOLDFINCH DRIVE

City-State-Zip: OCALA FL 34480 City-State-Zip: BROCKTON MA 02301

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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: PARESH PATEL AMBR 04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

Title AMBR

Name PATEL, PRAGNA V

Address 4924 SW 56TH STREET

City-State-Zip: OCALA FL 34474