

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000458399

**Entity Name:** SOUTH FLORIDA UTILIZATION REVIEW, LLC

**Current Principal Place of Business:**

860 JOHNSON FERRY ROAD NE, #140-390  
ATLANTA, GA 30342

**Current Mailing Address:**

860 JOHNSON FERRY ROAD NE, #140-390  
ATLANTA, GA 30342 US

**FEI Number:** 59-2637727

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGER  
Name           HARRIS, CHAD  
Address        1633 BROADWAY,48TH FL  
City-State-Zip: NEW YORK NY 10019

Title           MANAGER  
Name           STEIN, TUCKER  
Address        860 JOHNSON FERRY ROAD NE, #140  
                  -390  
City-State-Zip: ATLANTA GA 30342

Title           AUTHORIZED REPRESENTATIVE  
Name           GEORGOUSES, THOMAS J.  
Address        860 JOHNSON FERRY ROAD NE, #140  
                  -390  
City-State-Zip: ATLANTA GA 30342

*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:** THOMAS J. GEORGOUSES

**AUTHORIZED  
REPRESENTATIVE**

**08/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date