

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000015973

Entity Name: FLORIDA MEDICAL PRACTITIONERS LLC

Current Principal Place of Business:

8897 NW 177TH TERRACE
MIAMI, FL 33018

Current Mailing Address:

8897 NW 177TH TERRACE
MIAMI, FL 33018

FEI Number: 68-1902075

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, LUIS
8897 NW 177TH TERRACE
MIAMI, FL 33018 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 LUIS, LOPEZ
Address 8897 NW 177TH TERRACE
City-State-Zip: MIAMI FL 33018

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: LUIS LOPEZ

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02/08/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date