

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000493515

Entity Name: MOA HOSPITALIST GROUP LLC

Current Principal Place of Business:

8344 CATAMARAN CIRCLE
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

8344 CATAMARAN CIRCLE
LAKEWOOD RANCH, FL 34202 UN

FEI Number: 93-4201766

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OBEROI, MEGHA
8344 CATAMARAN CIRCLE
LAKEWOOD RANCH, FL 34202 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 AMBR
Name OBEROI, MEGHA
Address 8344 CATAMARAN CIRCLE
City-State-Zip: LAKEWOOD RANCH FL 34202

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: MEGHA OBEROI

MEMBER

03/20/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date