

**2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A22000000670

**Entity Name:** MIAMI RIVER MEDICAL OFFICES, LP

**Current Principal Place of Business:**

22 LARCH HILL ROAD  
LAWRENCE, NY 11559

**Current Mailing Address:**

22 LARCH HILL ROAD  
LAWRENCE, NY 11559 US

**FEI Number: 92-1274043**

**Certificate of Status Desired: No**

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

BLALOCK WALTERS, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205 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

**General Partner Detail :**

Document #

Name MADERA BAYA, LLC

Address 22 LARCH HILL ROAD

City-State-Zip: LAWRENCE NY 11559

*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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: AVRAM WEISSMAN**

**MANAGER**

**04/11/2023**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date