

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000090641

Entity Name: MMM OF FLORIDA, INC.

Current Principal Place of Business:

5775 BLUE LAGOON DRIVE, SUITE 450
MIAMI, FL 33126

FILED
Jan 14, 2022
Secretary of State
4815895546CC

Current Mailing Address:

5775 BLUE LAGOON DRIVE, SUITE 450
MIAMI, FL 33126 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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

Officer/Director Detail :

Title MEMBER
Name MMMFL HOLDINGS, LLC
Address 5775 BLUE LAGOON DRIVE, SUITE 450
City-State-Zip: MIAMI FL 33126

Title PRESIDENT & CEO
Name SHUTZEN, RONALD
Address 6900 TAVISTOCK LAKES BLVD, STE 300
City-State-Zip: LAKE NONA FL 32827

Title CFO
Name PANIAGUA, ARNIE
Address 6900 TAVISTOCK LAKES BLVD, STE 300
City-State-Zip: LAKE NONA FL 32827

Title COO
Name MAZZORANA, TONY
Address 6900 TAVISTOCK LAKES BLVD, STE 300
City-State-Zip: LAKE NONA FL 32827

Title CHIEF COMPLIANCE OFFICER
Name PLUMEY, MYRA
Address 6900 TAVISTOCK LAKES BLVD, STE 300
City-State-Zip: LAKE NONA FL 32827

Title VP, DIRECTOR
Name MALTON, DOUG
Address 6900 TAVISTOCK LAKES BLVD, STE 300
City-State-Zip: LAKE NONA FL 32827

Title CHIEF ADMINISTRATIVE OFFICER, DIRECTOR
Name KOKKINIDES, PENELOPE
Address 6900 TAVISTOCK LAKES BLVD, STE 300
City-State-Zip: LAKE NONA FL 32827

Title CHIEF ACCOUNTING OFFICER
Name SORTINO, MICHAEL J.
Address 6900 TAVISTOCK LAKES BLVD, STE 300
City-State-Zip: LAKE NONA FL 32827

Continues on page 2

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LESLIE PRIZANT

**SECRETARY & GENERAL 01/14/2022
COUNSEL**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title GENERAL COUNSEL AND SECRETARY
Name PRIZANT, LESLIE
Address 6900 TAVISTOCK LAKES BLVD, STE 300
City-State-Zip: LAKE NONA FL 32827

Title DIRECTOR
Name SHINTO, RICHARD A. M.D.
Address 6900 TAVISTOCK LAKES BLVD, STE 300
City-State-Zip: LAKE NONA FL 32827

Title MEDICAL DIRECTOR
Name RIOS, WALDEMAR M.D.
Address 6900 TAVISTOCK LAKES BLVD, STE 300
City-State-Zip: LAKE NONA FL 32827