

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000011060

**Entity Name:** ADVANCED GERIATRIC & INTERNAL MEDICINE, P.L.

**Current Principal Place of Business:**

2320 SOUTH SEACREST BLVD  
SUITE 200  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

2320 SOUTH SEACREST BLVD  
SUITE 200  
BOYNTON BEACH, FL 33435

**FEI Number:** 41-2088526

**Certificate of Status Desired:** No

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

AHEARN, MATTHEW JOHN ESQ  
800 NORTH MAGNOLIA AVENUE, SUITE 1500  
ORLANDO, FL 32803 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 MGRM  
Name VELEZ-CORTES, SOL E  
Address 2320 S. SEACREST BLVD SUITE 200  
City-State-Zip: BOYNTON BEACH FL 33435

*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:** VELEZ-CORTES , SOL E

**OWNER**

**01/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date