

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000094232

**Entity Name:** 1100 MEDICAL ARTS PLAZA, LLC

**Current Principal Place of Business:**

1100 SW 57 AVENUE  
SUITE 101  
WEST MIAMI, FL 33144

**Current Mailing Address:**

1100 SW 57 AVENUE  
SUITE 101  
WEST MIAMI, FL 33144 US

**FEI Number:** 75-3253524

**Certificate of Status Desired:** No

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

SIXTO-RODRIGUEZ, SUSANA  
1100 SW 57 AVENUE  
SUITE 101  
WEST MIAMI, FL 33144 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 RODRIGUEZ, WILLIAM  
Address 1100 SW 57 AVENUE SUITE 101  
City-State-Zip: WEST MIAMI FL 33144

Title MGRM  
Name SIXTO-RODRIGUEZ, SUSANA  
Address 1100 SW 57 AVENUE SUITE 101  
City-State-Zip: WEST MIAMI FL 33144

Title MGRM  
Name AMJAD, IBRAHIM  
Address 1100 SW 57 AVENUE PH1  
City-State-Zip: WEST MIAMI FL 33144

Title MGRM  
Name MASRI, NIDAL  
Address 1100 SW 57 AVENUE SUITE 100  
City-State-Zip: WEST MIAMI FL 33144

Title MGRM  
Name BROUDO, MARK  
Address 1100 SW 57 AVENUE SUITE 100  
City-State-Zip: WEST MIAMI FL 33144

*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:** WILLIAM RODRIGUEZ

**MANAGER**

**04/28/2023**

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

\_\_\_\_\_  
Date