

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110793

Entity Name: ALLERGY & RHEUMATOLOGY ASSOCIATES, L.L.C.**Current Principal Place of Business:**5100 SEMINOLE BLVD.
ST. PETERSBURG, FL 33708**Current Mailing Address:**5100 SEMINOLE BLVD.
ST. PETERSBURG, FL 33708**FEI Number:** 30-0446891**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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 MANAGER
Name SPUZA-MILORD, MICHELLE STELLA DR.
Address 5100 SEMINOLE BLVD.
City-State-Zip: ST, PETERSBURG FL 33708

Title AUTHORIZED MEMBER
Name DESILVA, GINIGE SWANTHRI DR.
Address 5100 SEMINOLE BLVD.
City-State-Zip: ST. PETERSBURG FL 33708

Title AUTHORIZED MEMBER
Name MILORD, GEORGES KARL DR.
Address 5100 SEMINOLE BLVD.
City-State-Zip: ST. PETERSBURG FL 33708

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: MICHELLE SPUZA-MILORD

PRESIDENT

04/10/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date