that my name appears above, or on an attachment with all other like empowered.
SIGNATURE: JULIA ARMENAKIS
OFFICER

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

Electronic Signature of Signing Authorized Person(s) Detail

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023485

Entity Name: 7421 N. UNIVERSITY MEDICAL OFFICE LLC

Current Principal Place of Business:

7421 N. UNIVERSITY DRIVE SUITE 306 TAMARAC, FL 33321

Current Mailing Address:

7421 N. UNIVERSITY DRIVE SUITE 306 TAMARAC, FL 33321

FEI Number: 26-3284869

Name and Address of Current Registered Agent:

MILITZOK & LEVY, P.A. 3230 STIRLING ROAD SUITE 1 HOLLYWOOD, FL 33021 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

Authorized Person(s) Detail :	
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TE 306
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OFFICER 02/06/2019

Certificate of Status Desired: No

FILED Feb 06, 2019 Secretary of State 1029223551CC

Date

Date