

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000032393

**Entity Name:** BARTZOKIS, RUBENSTEIN & SERVOSS, M.D., P.L.

**Current Principal Place of Business:**

1000 N.W. 9TH COURT  
SUITE 101  
BOCA RATON, FL 33486

**Current Mailing Address:**

1000 N.W. 9TH COURT  
SUITE 101  
BOCA RATON, FL 33486 US

**FEI Number:** 27-2182082

**Certificate of Status Desired:** No

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

BARTZOKIS, THOMAS C  
1000 N.W. 9TH COURT  
SUITE 101  
BOCA RATON, FL 33486 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 BARTZOKIS, THOMAS C  
Address 1000 N.W. 9TH COURT, SUITE 101  
City-State-Zip: BOCA RATON FL 33486

Title MGRM  
Name RUBENSTEIN, MARK H  
Address 1000 N.W. 9TH COURT, SUITE 101  
City-State-Zip: BOCA RATON FL 33486

Title MGRM  
Name SERVOSS, STEPHEN J  
Address 1000 N.W. 9TH COURT, SUITE 101  
City-State-Zip: BOCA RATON FL 33486

Title MGMR  
Name CAMMARATA, MICHAEL  
Address 1000 N.W. 9TH COURT  
SUITE 101  
City-State-Zip: BOCA RATON FL 33486

Title MGRM  
Name PANAKOS, ANDREW W  
Address 1000 N.W. 9TH COURT  
SUITE 101  
City-State-Zip: BOCA RATON FL 33486

*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:** THOMAS BARTZOKIS

MD

01/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date