

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000090746

Entity Name: ICON MEDICAL CENTERS, LLC

Current Principal Place of Business:

232 SW 8TH STREET
MIAMI, FL 33130

Current Mailing Address:

PO BOX 12220
MIAMI, FL 33101 US

FEI Number: 27-3350226

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMODIO, VINCENT M
232 SW 8TH STREET
MIAMI, FL 33130 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 MGR
Name AMODIO, VINCENT M
Address 232 SW 8TH STREET
City-State-Zip: MIAMI FL 33130

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: VINCENT AMODIO

MGR

02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date