

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000042245

Entity Name: CAREMAX MEDICAL CENTER OF HOMESTEAD, L.L.C.

Current Principal Place of Business:

10645 N. ORACLE ROAD
#121-371
TUCSON, AZ 85737

Current Mailing Address:

10645 N. ORACLE ROAD
#121-371
TUCSON, AZ 85737 US

FEI Number: 45-1563652

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ADVISORY TRUST GROUP, LLC
1000 NW 57 CT.
400
MIAMI, FL 33126 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: BRADLEY S. BOE

09/09/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title ADVISORY TRUST GROUP, LLC
Name CAREMAX MEDICAL GROUP, LLC
Address 10645 N. ORACLE ROAD
#121-371
City-State-Zip: TUCSON AZ 85737

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: BRADLEY S. BOE

PLAN ADMINISTRATOR

09/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date