

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000098096

**Entity Name:** ADVANCED MULTISPECIALTY MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

7000 S.W. 62ND AVENUE  
SUITE 600  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

7000 S.W. 62ND AVENUE  
SUITE 600  
SOUTH MIAMI, FL 33143 US

**FEI Number:** 45-3086772

**Certificate of Status Desired:** No

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

TORRES, NICHOLAS D  
5996 S.W. 70TH STREET  
5TH FLOOR  
SOUTH MIAMI, FL 33143 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:** NICHOLAS D TORRES

04/02/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LARKIN COMMUNITY HOSPITAL, INC.  
Address 7031 SW 62 AVENUE  
City-State-Zip: SOUTH MIAMI FL 33143

Title PRESIDENT  
Name NICHOLAS, TORRES D  
Address 5996 S.W. 70TH STREET  
5TH FLOOR  
City-State-Zip: SOUTH MIAMI FL 33143

*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:** NICHOLAS D TORRES

RA

04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date