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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE	NICHOLAS TORRES			06/28/2022	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGRM	Title	PRESIDENT		
Name	LARKIN COMMUNITY HOSPITAL, INC.	Name	NICHOLAS, TORRES		
Address	7031 SW 62 AVENUE	Address	5996 S.W. 70TH STREET		
City-State-Zip:	SOUTH MIAMI FL 33143	City State Zin	5TH FLOOR		

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.

FEI Number: 45-3086772

Name and Address of Current Registered Agent:

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

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SOUTH MIAMI, FL 33143 US

2ND FLOOR

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000098096

Entity Name: ADVANCED MULTISPECIALTY MEDICAL SERVICES, LLC

Current Principal Place of Business:

6140 S.W. 70TH STREET 2ND FLOOR SOUTH MIAMI, FL 33143

Current Mailing Address:

6140 S.W. 70TH STREET

City-State-Zip: SOUTH MIAMI FL 33143

Certificate of Status Desired: No

06/28/2022

RA

FILED Jun 28, 2022 Secretary of State 0545243634CC