

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000007299

**Entity Name:** INTERNAL MEDICINE CONSULTANTS OF ST. LUCIE COUNTY,  
L.L.C.

**FILED**  
**Feb 02, 2021**  
**Secretary of State**  
**1932090547CC**

**Current Principal Place of Business:**

2401 FRIST BLVD.  
SUITE 1  
FORT PIERCE, FL 34950

**Current Mailing Address:**

2401 FRIST BLVD.  
SUITE 1  
FORT PIERCE, FL 34950

**FEI Number: 59-3040749**

**Certificate of Status Desired: No**

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

SHAREEF, NAHEED  
2100 NEBRASKA AVENUE  
SUITE 111  
FORT PIERCE, FL 34950 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: NAHEED SHAREEF**

**02/02/2021**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ANUM CORPORATION  
Address 2100 NEBRASKA AVENUE  
SUITE 111  
City-State-Zip: FORT PIERCE FL 34950

*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: NAHEED SHAREEF**

**MEMBER**

**02/02/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date