

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000011912

Entity Name: MIAMI RHEUMATOLOGY, LLC.

Current Principal Place of Business:

715 SW 73RD AVE
MIAMI, FL 33144

Current Mailing Address:

715 SW 73RD AVE
MIAMI, FL 33144 US

FEI Number: 45-4355350

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROMBERG, REUVEN
715 SW 73RD AVE
MIAMI, FL 33144 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 MANAGER, PRESIDENT
Name BROMBERG, REUVEN
Address 715 SW 73RD AVE
City-State-Zip: MIAMI FL 33144

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: REUVEN BROMBERG

MANAGER

01/28/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date