

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000047492

Entity Name: ADVANCED MEDICAL GROUP LLC

Current Principal Place of Business:

7100 WEST 20 AVENUE
SUITE 512
HIALEAH, FL 33016

Current Mailing Address:

7100 WEST 20 AVENUE
SUITE 512
HIALEAH, FL 33016 US

FEI Number: 90-0816936

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEDRO L. CARRILLO, MD, PA
7100 WEST 20 AVENUE
SUITE 512
HIALEAH, FL 33016 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: PEDRO L CARRILLO

03/02/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PEDRO L CARRILLO, JR.,MD, PA
Address 7100 WEST 20 AVENUE
SUITE 512
City-State-Zip: HIALEAH FL 33016

Title MGRM
Name FARID MARQUEZ, MD, PA
Address 5040 NW 7 STREET
SUITE 680
City-State-Zip: MIAMI FL 33126

Title MGRM
Name OTTO SECADA, MD,PA
Address 7150 WEST 20 AVENUE
SUITE 209
City-State-Zip: HIALEAH FL 33016

Title MGRM
Name DADE MEDICAL CARE CORPORATION
Address 2601 POINT EAST DRIVE
City-State-Zip: AVENTURA FL 33160

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: PEDRO L. CARRILLO

MGRM

03/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date