

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000089305

Entity Name: SOUTH FLORIDA MEDICAL SPECIALISTS, LLC

Current Principal Place of Business:

7777 N. UNIVERSITY DR
SUITE 201
TAMARAC, FL 33321

Current Mailing Address:

7777 N. UNIVERSITY DR
SUITE 201
TAMARAC, FL 33321 US

FEI Number: 46-3018997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUTH FLORIDA MEDICAL SPECIALISTS LLC
7777 N. UNIVERSITY DR
SUITE 201
TAMARAC, FL 33321 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: ANGEL PIERINI

03/15/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|------------------------------------|-----------------|------------------------------------|
| Title | MANAGING MEMBER | Title | MANAGING MEMBER |
| Name | PIERINI, ALBERTO | Name | PIERINI, ANGEL |
| Address | 7777 N. UNIVERSITY DR SUITE 201 | Address | 7777 N. UNIVERSITY DR SUITE 201 |
| City-State-Zip: | TAMARAC FL 33321 | City-State-Zip: | TAMARAC FL 33321 |

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: ALBERTO PIERINI

MGR

03/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date