

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000125075

**Entity Name:** SOUTH FLORIDA MEDICAL HOLDINGS, LLC

**Current Principal Place of Business:**

2280 WEST ATLANTIC AVE  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

7528 RIDGEFIELD LANE  
LAKE WORTH, FL 33467

**FEI Number:** 46-3569706

**Certificate of Status Desired:** No

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

AGOCS, DAVID W  
2280 WEST ATLANTIC AVE.  
DELRAY BEACH, FL 33445 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 MGRM  
Name AGOCS, DAVID W  
Address 7528 RIDGEFIELD LANE  
City-State-Zip: LAKE WORTH FL 33467

*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:** DAVID AGOCS

MGRM

04/17/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date