

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000144811

Entity Name: INTERNAL MEDICINE INSTITUTE OF MIAMI LLC

Current Principal Place of Business:

198 NW 37 TH AVE
MIAMI, FL 33125

Current Mailing Address:

1321 N W 14TH STREET
203
MIAMI, FL 33125 US

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ABBASSI, TONY
1321 N W 14T STREET
200
MIAMI, FL 33125 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 ABBASSI, TONY
Address 7171 OLD CUTLER RD
City-State-Zip: CORAL GABLES FL 33143

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: TONY ABBASSI

MD

05/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date