

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000163391

Entity Name: IAH OF FLORIDA, LLC**Current Principal Place of Business:**500 KIRTS BLVD.
TROY, MI 48084**Current Mailing Address:**500 KIRTS BLVD.
TROY, MI 48084 US**FEI Number:** 47-2138680**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 AUTHORIZED MEMBER
Name U.S. MEDICAL MANAGEMENT, LLC
Address 500 KIRTS BLVD.
City-State-Zip: TROY MI 48084

Title TREASURER
Name CHARLES, WESCHKE,
Address 500 KIRTS BLVD.
City-State-Zip: TROY MI 48084

Title CEO
Name CHANCE, MATTHEW
Address 500 KIRTS BLVD.
City-State-Zip: TROY MI 48084

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: CHANCE MATTHEW

CEO

03/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date