Entity Name:	ROYA ROSE BORJIAN INTERNAL MEDICINE, M.D., LLC	Secretary of 818813497;	
Current Princ 201 178TH DR AF SUNNY ISLES BE		0100104010	
Current Mailir	ig Address:		
201 178TH DR SUNNY ISLES	APT 324 BEACH, FL 33160 US		
FEI Number: 8	31-0703487	Certificate of Status Desired:	
Name and Ad	dress of Current Registered Agent:		
POLARIS TAX AN 140 S UNIVERSIT SUITE B PLANTATION, FL	Y DR		
The above named er	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:	ROBERT C WALTERS JR	03/	
	Electronic Signature of Registered Agent		
Authorized Pe	erson(s) Detail :		

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Title	MGR
Name	BORJIAN, ROYA R MD
Address	201 178TH DR APT 324
City-State-Zip:	SUNNY ISLES BEACH FL 33160

DOCUMENT# L15000197549

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.

MANAGER

SIGNATURE: ROYA R. BORJIAN

Electronic Signature of Signing Authorized Person(s) Detail

ificate of Status Desired: No

03/28/2024 Date

03/28/2024 Date