

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000059448

**Entity Name:** GLOBAL MEDICAL INSTITUTES FLORIDA, LLC

**Current Principal Place of Business:**

719 NW 13TH AVENUE  
MIAMI, FL 33125

**Current Mailing Address:**

719 NW 13TH AVENUE  
MIAMI, FL 33125 US

**FEI Number: 81-2351935**

**Certificate of Status Desired: No**

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

APTER, JEFFREY T  
719 NW 13TH AVENUE  
MIAMI BEACH, 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 MGR  
Name APTER, JEFFREY T  
Address 101 20TH STREET  
City-State-Zip: MIAMI BEACH FL 08540

*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: JEFFREY APTER**

**PRESIDENT**

**01/17/2020**

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

\_\_\_\_\_  
Date