

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000136565

**Entity Name:** RAYMOND D.ADAMCIK M.D.PLLC

**Current Principal Place of Business:**

1290 HWY A1A  
103  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

1290 HWY A1A  
103  
SATELLITE BEACH, FL 32937 US

**FEI Number:** 82-1995893

**Certificate of Status Desired:** Yes

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

ADAMCIK, RAYMOND M.D.  
2390 BENT PINE STREET  
MELBOURNE , FL 32935 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:** RAYMOND ADAMCIK

10/10/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ADAMCIK, RAYMOND  
Address 2390 BENT PINE ST  
City-State-Zip: MELBOURNE FL 32935

*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:** RAYMOND ADAMCIK

**OWNER**

10/10/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date