our chi ma	annig Addiess.	
	F. KENNEDY DRIVE FL 33462 US	
FEI Number: 32-0558407		Certificate of Status Desired: Yes
Name and	Address of Current Registered Agent:	
The above name	ed entity submits this statement for the purpose of changing its registe	ered office or registered agent, or both, in the State of Florida.
SIGNATUR	E: LAUREN BRANCIFORTE	01/19/202
	Electronic Signature of Registered Agent	Date
Authorized	l Person(s) Detail :	
Title	MANAGER	
Name	KAZA, SRINIVAS	
Address	142 JOHN F. KENNEDY DRIVE	
City-State-Zip:	: ATLANTIS FL 33462	

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: SRINIVAS KAZA OWNER

Electronic Signature of Signing Authorized Person(s) Detail

01/19/2023 Date

01/19/2023 Date

## 2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L18000030203

Entity Name: INDEPENDENT MULTISPECIALTY GROUP OF FLORIDA, LLC

## **Current Principal Place of Business:**

142 JOHN F. KENNEDY DRIVE ATLANTIS, FL 33462

## **Current Mailing Address:**