

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000030203

Entity Name: INDEPENDENT MULTISPECIALTY GROUP OF FLORIDA, LLC

Current Principal Place of Business:

1447 MEDICAL PARK BLVD
STE 405
WELLINGTON, FL 33414

Current Mailing Address:

1447 MEDICAL PARK BLVD
STE 405
WELLINGTON, FL 33414 US

FEI Number: 32-0558407

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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: TAYLOR NEWMAN

02/22/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name BRANCIFORTE, LAUREN
Address 1447 MEDICAL PARK BLVD
STE 405
City-State-Zip: WELLINGTON FL 33414

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: LAUREN BRANCIFORTE

MANAGER

02/22/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date