

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000053668

**FILED  
Jan 13, 2021  
Secretary of State  
9828751830CC**

**Entity Name:** TAMIAMI MEDICAL HOLDINGS, LLC

**Current Principal Place of Business:**

2255 SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34239

**Current Mailing Address:**

2255 SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34239 US

**FEI Number:** 82-4651259

**Certificate of Status Desired:** No

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

CROSS STREET CORPORATE SERVICES, LLC  
200 SOUTH ORANGE AVE  
SARASOTA, FL 34236 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 MNGR  
Name ENGEL, SCOTT J  
Address 2255 SOUTH TAMIAMI TRAIL  
City-State-Zip: SARASOTA FL 34239

Title MNGR  
Name GRAHAM, BRAUN H  
Address 2255 SOUTH TAMIAMI TRAIL  
City-State-Zip: SARASOTA FL 34239

Title MNGR  
Name MOBLEY, DAVID L  
Address 2255 SOUTH TAMIAMI TRAIL  
City-State-Zip: SARASOTA FL 34239

*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:** SCOTT ENGEL

**MANAGER**

**01/13/2021**

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

\_\_\_\_\_  
Date