

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000079196

Entity Name: ADVANCED MULTISPECIALTY CARE LLC

Current Principal Place of Business:

230 CANAL BLVD SUITE 2
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

230 CANAL BLVD SUITE 2
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 52-5346163

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPOONER, JUSTIN K
230 CANAL BLVD SUITE 2
PONTE VEDRA BEACH, FL 32082 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 AUTHORIZED MEMBER
Name SPOONER, JUSTIN K
Address 230 CANAL BLVD SUITE 2
City-State-Zip: PONTE VEDRA BEACH FL 32082

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: JUSTIN SPOONER

MEMBER

04/12/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date