

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000079196

Entity Name: ADVANCED MULTISPECIALTY CARE LLC

Current Principal Place of Business:

268 CLEARWATER DR
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

130 CORRIDOR RD PO BOX 1557
PONTE VEDRA BEACH, FL 32004 US

FEI Number: 52-5346163

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPOONER, JUSTIN K
268 CLEARWATER DR
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 BEAUTIFUL BEACHES MANAGEMENT,
LLC
Address 200 W. 34TH AVE.
#977
City-State-Zip: ANCHORAGE AK 99503

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 K SPOONER

MEMBER

04/18/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date