

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000167787

**Entity Name:** CAREMAX CLINIC 711 LLC

**Current Principal Place of Business:**

2789 PARK STREET  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

PO BOX 600365  
JACKSONVILLE, FL 32260 US

**FEI Number:** 83-1473431

**Certificate of Status Desired:** No

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

PRIZMAX LLC  
9776 SAN JOSE BLVD  
STE 4  
JACKSONVILLE, FL 32257 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:** VIPUL MAMTORA

04/12/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title DIRECTOR  
Name MAMTORA, VIPUL B  
Address PO BOX 600365  
City-State-Zip: JACKSONVILLE FL 32260

*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:** VIPUL MAMTORA

DIRECTOR

04/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date