

2024 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

04/17/2024

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

04/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date