

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L18000182330

**Entity Name:** SOUTHERN OFFICE SOLUTIONS FLORIDA, LLC

**Current Principal Place of Business:**

12959 PALMS WEST DRIVE  
SUITE 130  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

12959 PALMS WEST DRIVE  
SUITE 130  
LOXAHATCHEE, FL 33470 US

**FEI Number:** 83-3912983

**Certificate of Status Desired:** No

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

DR. SURGICAL INVESTORS, LLC  
12959 PALMS WEST DRIVE  
SUITE 130  
LOXAHATCHEE, FL 33470 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:** DAVID LEE ADLER

06/01/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name COASTAL NURSE, LLC  
Address 12959 PALMS WEST DRIVE  
SUITE 130  
City-State-Zip: LOXAHATCHEE FL 33470

Title MGRM  
Name DR. SURGICAL INVESTORS, LLC  
Address 12959 PALMS WEST DR., SUITE 130  
City-State-Zip: LOXAHATCHEE FL 33470

*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:** DAVID L ADLER

MGRM

06/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date