

2024 FLORIDA LIMITED LIABILITY COMPANY 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

04/01/2024

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 LEE ADLER

MGRM

04/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date