

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000210275

**Entity Name:** ALICIA R. CARTER, M.D., L.L.C.

**Current Principal Place of Business:**

4770 BISCAYNE BLVD,  
# 1100  
MIAMI, FL 33137

**Current Mailing Address:**

4779 COLLINS AVE  
2106  
MIAMI BEACH, FL 33140 US

**FEI Number:** 83-1812954

**Certificate of Status Desired:** No

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

CARTER, ALICIA R  
4770 BISCAYNE BLVD  
# 1100  
MIAMI, FL 33137 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            PRINCIPAL  
Name            CARTER, ALICIA R DR.  
Address        4779 COLLINS AVE  
                  MIAMI BEACH, FL 33140 UNIT 2106  
City-State-Zip: MIAMI BEACH FL 33140

*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:** ALICIA R. CARTER, MD

**OWNER**

**01/22/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date