

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000240230

Entity Name: ADVANCED MEDICAL SOLUTIONS INTERNATIONAL, LLC**Current Principal Place of Business:**1202 BREAKERS WEST BLVD
WEST PALM BEACH, FL 33411**Current Mailing Address:**1202 BREAKERS WEST BLVD
WEST PALM BEACH, FL 33411 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORGAN, WALTER L
633 S. FEDERAL HIGHWAY
SUITE 400A
FORT LAUDERDALE, FL 33301 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:** WALTER L. MORGAN

01/20/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	REDMAN, DONALD
Address	1202 BREAKERS WEST BLVD
City-State-Zip:	WEST PALM BEACH FL 33411

Title	MGR
Name	AL-ZOUBI, ADEEB M
Address	9624 SOUTH CICERO AVENUE #304
City-State-Zip:	OAK LAWN IL 60453

Title	MGR
Name	SAID, NASSAR O
Address	VILLA 62 HAY AL-MESDAR
City-State-Zip:	NAUR JORDAN

Title	MGR
Name	EL MUFTI, HAITHAM
Address	PINELANDS WESTWOOD ROAD, WINDLESHAM
City-State-Zip:	SURREY UK GU206LS

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: DONALD REDMAN

MGR

01/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date