

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000032022

**Entity Name:** MAXIMUS MEDICAL INVESTMENTS, LLC

**Current Principal Place of Business:**

1202 PALM VIEW AVE  
BELLEAIR, FL 33756

**Current Mailing Address:**

1202 PALM VIEW AVE  
BELLEAIR, FL 33756 US

**FEI Number: 83-3496284**

**Certificate of Status Desired: No**

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

RIVELLINI, PETER A  
311 PARK PLACE BLVD., SUITE 300  
CLEARWATER, FL 33758 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 MGR  
Name KAIAFAS, DEMETRIOS  
Address 1202 PALM VIEW AVE  
City-State-Zip: BELLEAIR FL 33756

*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: DEMETRIOS KAIAFAS**

**MANAGER**

**04/20/2023**

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

\_\_\_\_\_ Date