

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000109444

Entity Name: WALTER JERMAKOWICZ, M.D., PLLC.

Current Principal Place of Business:

900 19TH AVE S
#503
NASHVILLE, TN 37212

Current Mailing Address:

900 19TH AVE S
#503
NASHVILLE, TN 37212 US

FEI Number: 83-4665773

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE LAW OFFICES OF MAX A ADAMS ESQ PLLC
4929 SW 74TH CT
MIAMI, FL 33155 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 JERMAKOWICZ, WALTER
Address 900 19TH AVE S
#503
City-State-Zip: NASHVILLE TN 37212

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: JERMAKOWICZ , WALTER

MGR

04/06/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date