

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000160365

**Entity Name:** IMA OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

1601 CLINT MOORE ROAD, SUITE 115  
BOCA RATON, FL 33487

**Current Mailing Address:**

1601 CLINT MOORE ROAD, SUITE 115  
BOCA RATON, FL 33487 US

**FEI Number:** 65-1061541

**Certificate of Status Desired:** No

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

GROSS, JEFFREY  
1601 CLINT MOORE ROAD, SUITE 115  
BOCA RATON, FL 33487 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 GROSS, JEFFREY  
Address 1601 CLINT MOORE ROAD, SUITE 115  
City-State-Zip: BOCA RATON FL 33487

Title AMBR  
Name SLOTNICK, DAVID L M.D.  
Address 1601 CLINT MOORE ROAD, SUITE 115  
City-State-Zip: BOCA RATON FL 33487

Title MGR  
Name COHEN, MEYER  
Address 1601 CLINT MOORE ROAD, SUITE 115  
City-State-Zip: BOCA RATON FL 33487

Title AMBR  
Name SCHNEIDER, ROBERT W D.O.  
Address 1601 CLINT MOORE ROAD, SUITE 115  
City-State-Zip: BOCA RATON FL 33487

*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:** JEFFREY GROSS

**REGISTERED AGENT**

**01/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date