

2020 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	MGR
Name	COHEN, MEYER
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	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 D GROSS**PRESIDENT****04/07/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date