

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000197578

Entity Name: CHOXI MEDICAL INSTITUTE, PLLC.

Current Principal Place of Business:

1000 WEST AVE
#1027
MIAMI BEACH, FL 33139

Current Mailing Address:

1000 WEST AVE
#1027
MIAMI BEACH, FL 33139

FEI Number: 84-2694135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE LAW OFFICES OF MAX A ADAMS ESQ PLLC
2151 S LEJEUNE ROAD
SUITE 306
CORAL GABLES, FL 33134 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 CHOXI, ANKEET
Address 1000 WEST AVE #1027
City-State-Zip: MIAMI BEACH FL 33139

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: ANKEET CHOXI

MGR

01/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date