

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000197578

Entity Name: CHOXI MEDICAL INSTITUTE, PLLC.

Current Principal Place of Business:

90 ALTON ROAD
APT 2209
MIAMI BEACH, FL 33139

Current Mailing Address:

90 ALTON ROAD
APT 2209
MIAMI BEACH, FL 33139 US

FEI Number: APPLIED FOR

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 CHOXI, ANKEET
Address 90 ALTON ROAD
APT 2209
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: CHOXI , ANKEET

MGR

03/10/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date