

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000197578

Entity Name: CHOXI MEDICAL INSTITUTE, PLLC.

Current Principal Place of Business:

4929 SW 74TH CT
1ST FL
MIAMI, FL 33155

Current Mailing Address:

4929 SW 74TH CT
1ST FL
MIAMI, FL 33155 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 4929 SW 74TH CT
1ST FL
City-State-Zip: MIAMI FL 33155

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

03/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date