

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000231219

Entity Name: ACCESS MEDICAL GROUP OF LAKELAND, LLC

Current Principal Place of Business:

6100 BLUE LAGOON DR.
MIAMI, FL 33126

Current Mailing Address:

7700 FORSYTH BLVD.
ST. LOUIS, MO 63105 US

FEI Number: 84-2750188

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER
Name CHERVITZ, CHUCK
Address 7700 FORSYTH BLVD.
City-State-Zip: ST. LOUIS MO 63105

Title MANAGER
Name KOSTER, CHRISTOPHER A
Address 7700 FORSYTH BLVD.
City-State-Zip: ST. LOUIS MO 63105

Title VP, TAX
Name DINKELMAN, TRICIA
Address 7700 FORSYTH BLVD.
City-State-Zip: ST. LOUIS MO 63105

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: TRICIA DINKELMAN

VICE PRESIDENT, TAX

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date