

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000254910

Entity Name: MISTRY INPATIENT CARE, PLLC

Current Principal Place of Business:

3901 NW 79TH AVE SUITE 245 #884
MIAMI, FL 33166

Current Mailing Address:

3901 NW 79TH AVE SUITE 245 #884
MIAMI, FL 33166 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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 AMBR
Name MISTRY, SHREYAS
Address 5736 AUTUMN FERN CIR
City-State-Zip: SARASOTA FL 34238

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: SHREYAS MISTRY

MEMBER

05/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date