## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000273025

Entity Name: 105 MEDICAL ASSOCIATES LLC

**Current Principal Place of Business:** 

601 E SAMPLE ROAD SUITE 105

POMPANO BEACH, FL 33064

## **Current Mailing Address:**

C/O 10380 SW VILLAGE CENTER DR #419 PORT ST LUCIE, FL 34987 US

FEI Number: APPLIED FOR Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PAUL J. LANE ESQ P.A. 10380 SW VILLAGE CENTER DR #419 PORT ST LUCIE, FL 34987 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

FILED Apr 12, 2025

**Secretary of State** 

7149949625CC

Authorized Person(s) Detail:

Title MGR Title MGR

Name GUPTA, SUBHASH C Name GUPTA, NEENA R

Address 601 EAST SAMPLE ROAD #105 Address 601 E SAMPLE ROAD #105

City-State-Zip: POMPANO BEACH FL 33064 City-State-Zip: POMPANO BEACH FL 33064

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: SUBHASH GUPTA MANAGER