

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000077804

Entity Name: SPECIALTY PHYSICIAN SERVICES, LLC

Current Principal Place of Business:

3911 SW 67 AVENUE
MIAMI, FL 33155

Current Mailing Address:

3911 SW 67 AVENUE
MIAMI, FL 33155 US

FEI Number: 84-5069168

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MESA, ANTONIO
3911 SW 67 AVENUE
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: ANTONIO MESA

02/22/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MESA, ANTONIO
Address 3911 SW 67 AVENUE
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: ANTONIO MESA

MANAGER

02/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date