

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000304630

**Entity Name:** PATIENT INVESTORS LLC

**Current Principal Place of Business:**

5080 BISCAYNE BLVD.  
SUITE A  
MIAMI, FL 33137

**Current Mailing Address:**

5080 BISCAYNE BLVD.  
SUITE A  
MIAMI, FL 33137 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LLERA, KAREN  
5080 BISCAYNE BLVD.  
SUITE A  
MIAMI, FL 33137 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 SIMKINS, MICHAEL  
Address 5080 BISCAYNE BLVD., SUITE A  
City-State-Zip: MIAMI FL 33137

*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:** MICHAEL SIMKINS

**MANAGER**

**04/21/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date