

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000359224

**Entity Name:** ACCESS MEDICAL GROUP OF MIAMI, LLC

**Current Principal Place of Business:**

6100 BLUE LAGOON DR STE 365  
MIAMI, FL 33126

**Current Mailing Address:**

7700 FORSYTH BLVD  
ST. LOUIS, MO 63105 US

**FEI Number:** 45-3191719

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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, SECRETARY  
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

Title            PRESIDENT  
Name            RAMIREZ, RAYNY  
Address         6100 BLUE LAGOON DR STE 365  
City-State-Zip: MIAMI FL 33126

Title            VP  
Name            BAIOCCHI, SARAH  
Address         7700 FORSYTH BLVD  
City-State-Zip: ST. LOUIS MO 63105

Title            VP, FINANCE  
Name            MAJORS, RICHARD  
Address         6100 BLUE LAGOON DR STE 365  
City-State-Zip: MIAMI FL 33126

*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**

**04/29/2024**

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

\_\_\_\_\_  
Date