

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000097725

Entity Name: ALVIMEY MEDICAL SERVICES, LLC

Current Principal Place of Business:

5720 NW 199 ST
HIALEAH, FL 33015

Current Mailing Address:

5720 NW 199 ST
HIALEAH, FL 33015

FEI Number: 86-2503820

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, ALINA
5720 NW 199 ST
HIALEAH, FL 33015 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: ALINA LOPEZ

02/06/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name LOPEZ, ALINA
Address 5720 NW 199 ST
City-State-Zip: HIALEAH FL 33015

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: ALINA LOPEZ

02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date