LJIR ENTERPRISES LLC 9000 SW 137 AVENUE SUITE 107 MIAMI, FL 33186 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 | : LIZSANDRA RODRIGUEZ | | | 04/05/2024 |
|-------------------------------|--|-----------------|-----------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | AMBR | Title | AMBR | |
| Name | LJIR ENTERPRISES LLC | Name | RAMIREZ, JANNELLE M | |
| Address | 9000 SW 137TH SUITE 201 | Address | 9211 SW 227TH TERRACE | |
| | | City-State-Zip: | CUTLER BAY FL 33190 | |
| City-State-Zip: | MIAMI FL 33186 | | | |

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

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L21000103910

Entity Name: FAMILY MEDICAL GROUP GABLES LLC

Current Principal Place of Business:

1330 SW 22ND STREET., SUITE 401 MIAMI, FL 33145

Current Mailing Address:

9000 SW 137 AVENUE **SUITE 107** MIAMI, FL 33186 US

FEI Number: 86-2630287

Name and Address of Current Registered Agent:

Certificate of Status Desired: No

04/05/2024

Date

FILED Apr 05, 2024 Secretary of State 3655288742CC

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: LIZSANDRA RODRIGUEZ

that my name appears above, or on an attachment with all other like empowered.