

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000502229

**Entity Name:** CMG & ATZ INTERNATIONAL MEDICAL SERVICES, L.L.C.

**Current Principal Place of Business:**

4430 SW 83RD AVENUE  
MIAMI,, FL 33155

**Current Mailing Address:**

1825 PONCE DE LEON BLVD.  
#500  
CORAL GABLES, FL 33134 US

**FEI Number:** 87-3734141

**Certificate of Status Desired:** No

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

SOSA, JOAQUIN A JD  
1825 PONCE DE LEON BLVD.  
#500  
CORAL GABLES, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MARTINEZ GRACIA, CARLOS A MD  
Address 4430 SW 83RD AVENUE  
City-State-Zip: MIAMI FL 33155

Title AMBR  
Name TORRES ZAMORA, ALMA A  
Address 4430 SW 83RD AVENUE  
City-State-Zip: MIAMI FL 33155

Title AR  
Name JAS.LAW, LLC  
Address 1825 PONCE DE LEON BLVD. #500  
City-State-Zip: CORAL GABLES FL 33134

Title AR  
Name SOSA, JOAQUIN A JD  
Address 1825 PONCE DE LEON BLVD. #500  
City-State-Zip: CORAL GABLES FL 33134

*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:** JOAQUIN A. SOSA - JAS.LAW, LLC

AR

01/23/2022

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

\_\_\_\_\_  
Date