## **2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000533975

Entity Name: KB I MEDICAL, LLC.

**Current Principal Place of Business:** 

2400 SW 69 AVENUE MIAMI. FL 33155

**Current Mailing Address:** 

2400 SW 69 AVENUE MIAMI, FL 33155 US

FEI Number: 87-4257369 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SZTYNDOR, ROBYN LYNN ESQ. 2400 SW 69 AVENUE MIAMI, 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: ROBYN LYNN SZTYNDOR, ESQ 02/18/2024

Electronic Signature of Registered Agent

Date

FILED Feb 18, 2024

**Secretary of State** 

5514740387CC

Authorized Person(s) Detail:

Title DIRECTOR

Name PREMIUM HEALTHCARE

 ${\sf MANAGEMENT, LLC}$ 

Address 2400 SW 69 AVENUE

City-State-Zip: MIAMI FL 33155

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: PREMIUM HEALTHCARE MANAGEMENT, LLC

**DIRECTOR** 

02/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date