## 2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L22000076109

Entity Name: EZRA HEALTH OF FLORIDA PLLC

**Current Principal Place of Business:** 

419 PARK AVENUE SOUTH SUITE 600 NEW YORK, NY 10016

**Current Mailing Address:** 

419 PARK AVENUE SOUTH SUITE 600 NEW YORK, NY 10016

FEI Number: 88-1082833 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC. 515 E. PARK AVE., 2ND FL TALLAHASSEE, FL 32301 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: MARY FINK 01/17/2024

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

MANAGER Title

DERSARKISSIAN, CAROL M.D. Name

419 PARK AVE SOUTH Address

City-State-Zip: NEW YORK NY 10016

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.

MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: CAROL DERSARKISSIAN

01/17/2024

**FILED** Jan 17, 2024

**Secretary of State** 

2474274922CR

Date

Date