

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000165920

Entity Name: INVICTUS MEDICAL SERVICES & ASSOCIATES, LLC

Current Principal Place of Business:

4400 WEST SAMPLE ROAD
SUITE 140
COCONUT CREEK, FL 33065

Current Mailing Address:

4400 WEST SAMPLE ROAD
SUITE 138
COCONUT CREEK, FL 33065 US

FEI Number: 88-1904660

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THALYTA JONES
4400 WEST SAMPLE ROAD
SUITE 140
COCONUT CREEK, FL 33073 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 PEREZ GONZALEZ, CESAR
Address 4400 WEST SAMPLE ROAD
SUITE 140
City-State-Zip: COCONUT CREEK FL 33065

Title AMBR
Name JONES, THALYTA
Address 4400 WEST SAMPLE RD SUITE 140
City-State-Zip: COCONUT CREEK FL 33073

Title AMBR
Name JALIL, JANETT
Address 4400 WEST SAMPLE RD SUITE 140
City-State-Zip: COCONUT CREEK FL 33073

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: JALIL, JANETT

MANAGER

01/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date