

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000171902

**Entity Name:** ATE MEDICAL GROUP, LLC

**Current Principal Place of Business:**

4995 NW 72 AVENUE SUITE #205  
MIAMI, FL 33166

**Current Mailing Address:**

4995 NW 72 AVENUE SUITE #205  
MIAMI, FL 33166

**FEI Number:** 30-1306005

**Certificate of Status Desired:** No

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

WOBPINC, INC.  
4995 NW 72 AVENUE SUITE #205  
MIAMI, FL 33166 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:** WOBPINC INC

04/18/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                              |                 |                              |
|-----------------|------------------------------|-----------------|------------------------------|
| Title           | MGR                          | Title           | MGR                          |
| Name            | BIBIANA MISAS                | Name            | CARLOS ABREU                 |
| Address         | 4995 NW 72 AVENUE SUITE #205 | Address         | 4995 NW 72 AVENUE SUITE #205 |
| City-State-Zip: | MIAMI FL 33166               | City-State-Zip: | MIAMI FL 33166               |

*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:** BIBIANA MISAS

MGR

04/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date