

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000313684

**Entity Name:** VELEZ INSTITUTE OF PHYSIATRY, PLLC

**Current Principal Place of Business:**

33516 TARLTON DR.  
LEESBURG, FL 34788

**Current Mailing Address:**

33516 TARLTON DR.  
LEESBURG, FL 34788 US

**FEI Number:** 93-2214772

**Certificate of Status Desired:** Yes

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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 MGR  
Name CEREZO, DORIS  
Address 33516 TARLTON DR.  
City-State-Zip: LEESBURG FL 34788

*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:** CEREZO, DORIS

MGR

03/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date