

**2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L23000416339

**Entity Name:** ABBA MEDICAL GROUP LLC

**Current Principal Place of Business:**

11420 N KENDALL DR  
110  
MIAMI, FL 33176

**Current Mailing Address:**

11420 N KENDALL DR  
110  
MIAMI, FL 33176 US

**FEI Number:** 93-3363304

**Certificate of Status Desired:** No

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

LOPEZ, MARIA E  
11420 N KENDALL DR  
110  
MIAMI, FL 33176 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:** MARIA E. LOPEZ

04/03/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           LOPEZ, MARIA E  
Address       11420 N KENDALL DR STE 110  
City-State-Zip: MIAMI FL 33176

Title           MANAGER  
Name           LOPEZ , MARIA K  
Address       11420 N KENDALL DR  
                  110  
City-State-Zip: MIAMI FL 33176

*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:** MARIA E. LOPEZ

**MANAGER**

04/03/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date