

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000551262

**Entity Name:** ANDREW MASSABAND MD LLC

**Current Principal Place of Business:**

1701 NORTH LOIS AVENUE  
UNIT 487  
TAMPA, FL 33607

**Current Mailing Address:**

1701 NORTH LOIS AVENUE  
UNIT 487  
TAMPA, FL 33607 US

**FEI Number:** 93-4903578

**Certificate of Status Desired:** No

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

MASSABAND, ANDREW  
1701 NORTH LOIS AVENUE  
UNIT 487  
TAMPA, FL 33607 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            CEO  
Name            MASSABAND, ANDREW DR.  
Address        1701 NORTH LOIS AVENUE  
                  UNIT 487  
City-State-Zip: TAMPA FL 33607

*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:** ANDREW MASSABAND

CEO

03/13/2025

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date