#### 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. 03/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L98000003486

Entity Name: ASSOCIATES IN MEDICINE & SURGERY, LLC

#### **Current Principal Place of Business:**

8851 BOARDROOM CIRCLE FT MYERS. FL 33919

### **Current Mailing Address:**

8851 BOARDROOM CIRCLE FT MYERS. FL 33919

#### FEI Number: 65-0895895

### Name and Address of Current Registered Agent:

TAX & FINANCIAL STRATEGISTS, LLC 28089 VANDERBILT DRIVE SUITE 201 BONITA SPRINGS, FL 34134 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: THOMAS WANDERON

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title MGR H.A. CHARARA Name Address 8851 BOARDROOM CIRCLE City-State-Zip: FORT MYERS FL 33919

SIGNATURE: HUSNI CHARARA

Certificate of Status Desired: No

03/04/2024 Date

Date

# FILED Mar 04, 2024 Secretary of State 1567902030CC

MGR