

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1200006019

Entity Name: ACDOCTOR.COM LLC

Current Principal Place of Business:

2665 S. BAYSHORE DRIVE
SUITE 901
COCONUT GROVE, FL 33133

Current Mailing Address:

2665 S. BAYSHORE DRIVE
SUITE 901
COCONUT GROVE, FL 33133

FEI Number: 26-2063693

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 DIRECTOR, VP, SECRETARY

Name LOGAN, BARRY S

Address 2665 S. BAYSHORE DRIVE, SUITE 901

City-State-Zip: COCONUT GROVE FL 33133

Title PRESIDENT

Name NAHMAD, AARON J

Address 2665 S. BAYSHORE DRIVE
SUITE 901

City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR, VP, ASST. SECRETARY

Name MENENDEZ, ANA M

Address 2665 S. BAYSHORE DRIVE, SUITE 901

City-State-Zip: COCONUT GROVE FL 33133

Title ACTING SENIOR VICE PRESIDENT,
CFO, TREASURER

Name RODRIGUEZ, ANA L

Address 2665 S. BAYSHORE DRIVE
SUITE 901

City-State-Zip: COCONUT GROVE FL 33133

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: ANA M MENENDEZ

VP

04/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date