

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000101936

**Entity Name:** JACKSONVILLE MEDICAL ALLIANCE LLC

**Current Principal Place of Business:**

495 BLANDING BLVD.  
ORANGE PARK, FL 32073

**Current Mailing Address:**

2729 STATE ROAD 580  
CLEARWATER, FL 33761 US

**FEI Number:** 83-4687546

**Certificate of Status Desired:** No

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

MAZE, ILIANA  
2729 STATE ROAD 580  
CLEARWATER, FL 33761 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	AMBR	Title	AUTHORIZED REPRESENTATIVE
Name	MEDICAL UNITED LLC	Name	FIELD, IVAN
Address	2729 STATE ROAD 580	Address	2729 STATE ROAD 580
City-State-Zip:	CLEARWATER FL 33761	City-State-Zip:	CLEARWATER FL 33761

Title AUTHORIZED REPRESENTATIVE  
 Name MAZE, ILIANA  
 Address 2729 STATE ROAD 580  
 City-State-Zip: CLEARWATER FL 33761

*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:** ILIANA MAZE

**AUTHORIZED REPRESENTATIVE**

**03/02/2024**

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

\_\_\_\_\_ Date