

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000281665

**Entity Name:** ADVANTAGE MEDICAL SOLUTIONS LLC

**Current Principal Place of Business:**

3301 N UNIVERSITY DRIVE  
SUITE 100  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

3301 N UNIVERSITY DRIVE  
SUITE 100  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 88-2890455

**Certificate of Status Desired:** No

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

COLEMAN, LUCIOUS JR.  
3301 N UNIVERSITY DRIVE  
SUITE 100  
CORAL SPRINGS, FL 33065 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  
Name LYLE-COLEMAN, SOPHIA  
Address 3301 N UNIVERSITY DRIVE, SUITE 100  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGR  
Name COLEMAN, LUCIOUS JR.  
Address 3301 N UNIVERSITY DRIVE  
SUITE 100  
City-State-Zip: CORAL SPRINGS FL 33065

Title AUTHORIZED MEMBER  
Name COLEMAN, TRAVIS  
Address 3301 N UNIVERSITY DRIVE  
SUITE 100  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** SOPHIA LYLE-COLEMAN

AMBR

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date