

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000072956

**Entity Name:** HNM MEDICAL, LLC

**Current Principal Place of Business:**

20855 NE 16 AVENUE  
SUITE C15  
MIAMI, FL 33179

**Current Mailing Address:**

20855 NE 16 AVENUE  
SUITE C15  
MIAMI, FL 33179 US

**FEI Number:** 26-0098558

**Certificate of Status Desired:** No

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

ROITMAN, NOE  
20855 NE 16 AVENUE  
SUITE C15  
MIAMI, FL 33179 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:** NOE ROITMAN

03/13/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ROITMAN, NOE  
Address 20855 NE 16 AVENUE SUITE C15  
City-State-Zip: MIAMI FL 33179

Title MGRM  
Name GABSRA, LLC  
Address 19635 NE 23 AVE  
City-State-Zip: AVENTURA FL 33180

*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:** NOE ROITMAN

**PRESIDENT**

03/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date