

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065140

Entity Name: STAT HEALTH SCREENS, LLC

Current Principal Place of Business:

385 ALHAMBRA CIRCLE
SUITE B
CORAL GABLES, FL 33134

Current Mailing Address:

385 ALHAMBRA CIRCLE
SUITE B
CORAL GABLES, FL 33134 US

FEI Number: 38-3724233

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARROYAVE, EFRAIN
10201 SW 125 STREET
MIAMI, FL 33176 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: EFRAIN ARROYAVE

03/06/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ARROYAVE, CALI V JD
Address 385 ALHAMBRA CIRCLE
SUITE B
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name ARROYAVE, ROBIN RENE
Address 10201 SW 125 STREET
City-State-Zip: MIAMI FL 33176

Title MGR
Name ARROYAVE, EFRAIN MD
Address 385 ALHAMBRA CIRCLE
SUITE B
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name ARROYAVE, AARON JOSEPH MD
Address 385 ALHAMBRA CIRCLE
SUITE B
City-State-Zip: CORAL GABLES FL 33134

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: EFRAIN ARROYAVE, MD

MGR

03/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date