

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000012696

Entity Name: FLORIDA FAMILY CLINIC LLC

Current Principal Place of Business:

1800 SW 27TH AVENUE
SUITE 214
MIAMI, FL 33145

Current Mailing Address:

1800 SW 27TH AVENUE
SUITE 214
MIAMI, FL 33145

FEI Number: 90-1677213

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LOPEZ, IDANIA D
1800 SW 27TH AVENUE
SUITE 214
MIAMI, FL 33145 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: IDANIA D. LOPEZ

11/24/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name LOPEZ, IDANIA D
Address 1801 SW 32 AVE
 APT. 202
City-State-Zip: MIAMI FL 33145

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: IDANIA D. LOPEZ

PRESIDENT

11/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date