

**2022 FLORIDA LIMITED LIABILITY COMPANY 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:** No

**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

03/24/2022

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

03/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date