

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000015712

**Entity Name:** CURRY FORD MEDICAL CENTER, LLC**Current Principal Place of Business:**7148 CURRY FORD RD  
STE 100  
ORLANDO, FL 32822**Current Mailing Address:**7148 CURRY FORD RD  
STE 100  
ORLANDO, FL 32822**FEI Number:** 60-0004040**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KOLTUN, JEFFREY M  
150 SPARTAN DRIVE  
SUITE 100  
MAITLAND, FL 32751 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:** JEFFREY M. KOLTUN

05/13/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ORIEL-COMENENCIA, NEMA C  
Address 7148 CURRY FORD ROAD  
SUITE 100  
City-State-Zip: ORLANDO FL 34822

Title MGRM  
Name FLORES, MARIA REGINA C  
Address 9108 BAYWARD CT  
City-State-Zip: ORLANDO FL 32819

Title MGRM  
Name DURAN, GERARDO M  
Address 9108 BAYWARD CT  
City-State-Zip: ORLANDO FL 32819

Title MGRM  
Name COMENENCIA, EDESEL  
Address 7148 CURRY FORD ROAD  
SUITE 100  
City-State-Zip: ORLANDO FL 34822

*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:** EDESEL COMENENCIA

MGRM

05/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date