## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106977

**Current Principal Place of Business:** 

Entity Name: FLORIDA SUN MEDICAL CENTER LLC

5975 SUNSET DR

STE 804

SOUTH MIAMI, FL 33143

**Current Mailing Address:** 

5975 SUNSET DR STE 804

SOUTH MIAMI, FL 33143 US

FEI Number: 26-3750473 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HE, JIAO 5975 SUNSET DR STE 804 SOUTH MIAMI, FL 33143 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:

Electronic Signature of Registered Agent

Date

**FILED** Jan 09, 2024

**Secretary of State** 

8276966082CC

Authorized Person(s) Detail:

**PRESIDENT** Title Title

HE, JIAO DR. Name Name HEE, LUCY M DR. 5975 SUNSET DR 5975 SUNSET DR Address Address

**STE 804** STE 804

City-State-Zip: SOUTH MIAMI FL 33143 City-State-Zip: SOUTH MIAMI FL 33143

Title **MANAGER** Name HE, EILEEN Address

5975 SUNSET DR

**STE 804** 

City-State-Zip: SOUTH MIAMI FL 33143

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.

01/09/2024 SIGNATURE: JIAO HE **PRESIDENT**