

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006464

**Entity Name:** MIAMI DADE PRIMARY CARE, LLC

**Current Principal Place of Business:**

8302 SOUTHWEST 4TH STREET  
MIAMI, FL 33144

**Current Mailing Address:**

8302 SOUTHWEST 4TH STREET  
MIAMI, FL 33144 US

**FEI Number:** 26-4097717

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SACHER, CHARLES P  
2655 LEJEUNE ROAD, SUITE 1101  
CORAL GABLES, FL 33134 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

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	CARRILLO, RAMON M.D.	Name	GONZALEZ, RAYDA E. D.N.P
Address	8302 SOUTHWEST 4TH STREET	Address	1508 SOUTHWEST 143RD PLACE
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	MIAMI FL 33184

*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:** CARRILLO, RAMON M.D.

MGR

03/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date