

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000021086

**Entity Name:** HUMANITY MEDICAL CENTER LLC

**Current Principal Place of Business:**

1000 NORTH HIATUS ROAD  
110  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

3850 WINDMILL LAKES RD  
WESTON, FL 33332 US

**FEI Number:** 26-4376368

**Certificate of Status Desired:** No

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

JUNAID, SHARON  
830 NW 81ST AVE  
PLANTATION, FL 33324 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  
Name NAWAZ, ZAFAR  
Address 3850 WINDMILL LAKES RD  
City-State-Zip: WESTON FL 33332

*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:** ZAFAR NAWAZ

**PRESIDENT**

**02/27/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date