## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000084406

Entity Name: WOMEN'S M.D., LLC

**Current Principal Place of Business:** 

10700 NORTH KENDALL DRIVE

SUITE 401 MIAMI, FL 33176

**Current Mailing Address:** 

10700 NORTH KENDALL DRIVE SUITE 401 MIAMI, FL 33176 US

FEI Number: 27-0862561 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELGADO, ELIZABETH 10700 NORTH KENDALL DRIVE SUITE 401 MIAMI, FL 33176 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: PABLO E DELGADO MD 04/23/2024

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MGR

Name DELGADO, ELIZABETH

Address 10700 NORTH KENDALL DRIVE

SUITE 401

SIGNATURE: ELIZABETH DELGADO

City-State-Zip: MIAMI FL 33176

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.

Electronic Signature of Signing Authorized Person(s) Detail

**PRESIDENT** 

FILED Apr 23, 2024

**Secretary of State** 

7179863692CC

Date

04/23/2024