

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000073768

Entity Name: MEDCARE QUALITY MEDICAL CENTERS, LLC

Current Principal Place of Business:

9250 NW 36 STREET
SUITE 420
DORAL, FL 33178

Current Mailing Address:

9250 NW 36 STREET
SUITE 420
DORAL, FL 33178 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 MANAGER
Name RODRIQUEZ- DURET, RODOLFO
Address 9250 NW 36 STREET
 SUITE 420
City-State-Zip: DORAL FL 33178

Title MANAGER
Name VICTORERO, GRACIELA
Address 9250 NW 36 STREET
 SUITE 420
City-State-Zip: DORAL FL 33178

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: RODOLFO RODRIQUEZ- DURET

MANAGER

03/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date