

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000128169

**Entity Name:** LC HEALTH MANAGEMENT LLC

**Current Principal Place of Business:**

8200 SW 117 AVE, STE 112  
MIAMI, FL 33183

**Current Mailing Address:**

8200 SW 117 AVE, STE 112  
MIAMI, FL 33183

**FEI Number:** 46-3632272

**Certificate of Status Desired:** No

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

PENATE, LUIS  
8200 SW 117 AVE, STE 112  
MIAMI, FL 33183 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 PENATE, LUIS  
Address 8200 SW 117 AVE, STE 112  
City-State-Zip: MIAMI FL 33183

Title MGR  
Name PENATE, CLARA  
Address 8200 SW 117 AVE, STE 112  
City-State-Zip: MIAMI FL 33183

*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:** LUIS PENATE

**PRES**

**01/11/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date