

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000138816

**FILED**  
**Mar 16, 2020**  
**Secretary of State**  
**4779215070CC**

**Entity Name:** CHEN NEIGHBORHOOD MEDICAL CENTERS OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

1395 NW 167 STREET  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

1395 NW 167 STREET  
MIAMI GARDENS, FL 33169 US

**FEI Number: 46-3960572**

**Certificate of Status Desired: No**

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

CHEN, STEPHANIE L  
1395 NW 167 STREET  
MIAMI GARDENS, FL 33169 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            PRESIDENT  
Name            CHEN, MARY  
Address        1395 NW 167 STREET  
City-State-Zip: MIAMI GARDENS FL 33169

Title            PRESIDENT  
Name            CHEN , GORDON  
Address        1395 NW 167 STREET  
City-State-Zip: MIAMI GARDENS FL 33169

Title            VP  
Name            CHEN , JAMES  
Address        1395 NW 167 STREET  
City-State-Zip: MIAMI GARDENS FL 33169

Title            VP  
Name            CHEN , CHRISTOPHER  
Address        1395 NW 167 STREET  
City-State-Zip: MIAMI GARDENS FL 33169

*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: MARY CHEN

PRESIDENT

03/16/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date