

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000159258

**Entity Name:** PREVENTIMED LLC

**Current Principal Place of Business:**

1533 SUNSET DRIVE  
SUITE 200  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1533 SUNSET DRIVE  
SUITE 200  
CORAL GABLES, FL 33134

**FEI Number:** 81-3655891

**Certificate of Status Desired:** No

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

YANES, CHARLES  
1533 SUNSET DRIVE  
SUITE 200  
CORAL GABLES, FL 33134 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 YANES, CHARLES DR.  
Address 1533 SUNSET DRIVE, SUITE 200  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name DELGADO, HECTOR DR.  
Address 9220 SW 72ND STREET  
SUITE 201  
City-State-Zip: MIAMI FL 33173

Title MGR  
Name BRETON, CRISTIAN DR.  
Address 8200 SW 117TH AVENUE  
SUITE 210  
City-State-Zip: MIAMI FL 33143

Title MGR  
Name DEL VALLE, FELIPE A DR.  
Address 7190 SW 87 AVE  
203  
City-State-Zip: MIAMI FL 33173

*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:** YANES, CHARLES

**MEMBER MANAGER**

**05/12/2020**

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

\_\_\_\_\_  
Date