# 2018 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

#### 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

## Authorized Percen(c) Detail :

| Authorized Person(s) Detail : |                                   |                 |                     |
|-------------------------------|-----------------------------------|-----------------|---------------------|
| Title                         | MGR                               | Title           | MGR                 |
| Name                          | YANES, CHARLES DR.                | Name            | DELGADO, HECTOR DR. |
| Address                       | 1533 SUNSET DRIVE, SUITE 200      | Address         | 9220 SW 72ND STREET |
| City-State-Zip:               | CORAL GABLES FL 33134             |                 | SUITE 201           |
|                               |                                   | City-State-Zip: | MIAMI FL 33173      |
| Title                         | MGR                               |                 |                     |
| Name                          | BRETON, CRISTIAN DR.              |                 |                     |
| Address                       | 8200 SW 117TH AVENUE<br>SUITE 210 |                 |                     |
| City-State-Zip:               | MIAMI FL 33143                    |                 |                     |

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: DR CHARLES YANES

MGR

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date