

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000171150

**Entity Name:** UNITED AMERICAN MEDICAL CENTER, LLC

**Current Principal Place of Business:**

3485 W FLAGLER ST  
SUITE 300  
MIAMI, FL 33135

**Current Mailing Address:**

3485 W FLAGLER ST  
SUITE 300  
MIAMI, FL 33135 US

**FEI Number:** 81-3873233

**Certificate of Status Desired:** No

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

COLOMA, LIDIA C  
14830 SW 80TH ST  
MIAMI, FL 33193 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	AUTHORIZED MEMBER	Title	AUTHORIZED REPRESENTATIVE
Name	COLOMA, LIDIA	Name	COLOMA, MARIO
Address	14830 SW 80 ST	Address	14830 SW 80TH STREET
City-State-Zip:	MIAMI FL 33193	City-State-Zip:	MIAMI FL 33193

*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:** LIDIA COLOMA

**OWNER**

**02/22/2024**

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

\_\_\_\_\_  
Date