

**2021 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

**FILED**  
**Feb 17, 2021**  
**Secretary of State**  
**7830178217CC**

**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  
Name COLOMA, LIDIA  
Address 14830 SW 80 ST  
City-State-Zip: MIAMI FL 33193

Title AUTHORIZED MEMBER  
Name CAMPILLO, LUIS MANUEL MD  
Address 15579 SW 10 LANE  
City-State-Zip: MIAMI FL 33194-2419

Title AUTHORIZED REPRESENTATIVE  
Name COLOMA, MARIO  
Address 14830 SW 80TH STREET  
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**

**02/17/2021**

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

\_\_\_\_\_  
Date