

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000049770

**Entity Name:** HECTOR FABREGAS M.D., LLC

**Current Principal Place of Business:**

1835 E HALLANDALE BEACH BLVD STE 680  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1835 E HALLANDALE BEACH BLVD STE 680  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 38-4029801

**Certificate of Status Desired:** No

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

KLEIN, TED  
8030 PETERS ROAD STE D-104  
PLANTATION, FL 33324 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 FABREGAS, HECTOR M.D.  
Address 12301 TAFT STREET #100  
City-State-Zip: PEMBROKE PINES FL 33026

*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:** FABREGAS , HECTOR , M.D.

MGR

04/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date