

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000049770

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

**Current Principal Place of Business:**

12301 TAFT STREET  
SUITE 100  
PEMBROKE PINES, FL 33026

**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:**

HEALTHSTONE MANAGEMENT COMPANY LLC  
1835 E HALLANDALE BEACH BLVD STE 680  
HALLANDALE BEACH, FL 33009 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	Title	MGR
Name	FABREGAS, HECTOR M.D.	Name	HARKINS, JOHN
Address	12301 TAFT STREET #100	Address	1835 E HALLANDALE BEACH BLVD STE 680
City-State-Zip:	PEMBROKE PINES FL 33026	City-State-Zip:	HALLANDALE BEACH FL 33009

*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:** JOHN HARKINS

CEO

03/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date