

2019 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: HECTOR FABREGAS

MANAGER

04/04/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date