

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000063450

**Entity Name:** E & M INTERNATIONAL MEDICAL SERVICES, L.L.C.

**Current Principal Place of Business:**

6061 COLLINS AVENUE  
NO. 5C  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

1825 PONCE DE LEON BLVD.  
FLORIDA SUITE 500 C/O SOSA  
CORAL GABLES, FL 33134 US

**FEI Number:** 82-0912753

**Certificate of Status Desired:** No

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

SOSA, JOAQUIN A  
12511 SW 9TH STREET  
MIAMI, FL 33184 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            AMBR  
Name            GAMEZ GARCIA, EZEQUIEL  
Address        6061 COLLINS AVENUE  
                  NO. 5C  
City-State-Zip: MIAMI BEACH FL 33140

Title            AMBR  
Name            SELEM, MARIA SELEM  
Address        6061 COLLINS AVENUE  
                  NO. 5C  
City-State-Zip: MIAMI BEACH FL 33140

Title            AR  
Name            JAS.LAW, LLC  
Address        1825 PONCE DE LEON BLVD.  
                  500  
City-State-Zip: CORAL GABLES FL 33134

*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:** JOAQUIN A. SOSA

**REGISTERED AGENT &  
AR**

**02/03/2023**

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

\_\_\_\_\_  
Date