

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000137519

**Entity Name:** EMMANUEL MEDICAL RESEARCH CENTER, LLC

**Current Principal Place of Business:**

10404 W FLAGLER ST #15  
MIAMI, FL 33174

**Current Mailing Address:**

10404 W FLAGLER ST #15  
MIAMI, FL 33174 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

EMMANUEL MEDICAL CENTER LLC  
10404 W FLAGLER ST #15  
MIAMI, FL 33174 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	GUERRERO, JULIAN N	Name	GUERRER, LOISA C
Address	16134 SW 61 LN	Address	16134 SW 61 LN
City-State-Zip:	MIAMI FL 33193	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:** LOISA GUERRERO

**OWNER**

**01/28/2021**

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

\_\_\_\_\_ Date