Electronic Signature of Signing Authorized Person(s) Detail

#### 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**

# Name and Address of Current Registered Agent:

GUERRERO, LOISA CARMEN 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	: LOISA C GUERRERO			09/25/2023
	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: DR JULIAN N GUERRERO

OWNER MEDICAL DIRECTOR

09/25/2023

#### FILED Sep 25, 2023 Secretary of State 0787817459CR

Certificate of Status Desired: Yes

Date