

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000038979

Entity Name: PROINSALUD SERVICIOS MEDICOS LLC**Current Principal Place of Business:**2330 PONCE DE LEON BLVD
CORAL GABLES, FL 33134**Current Mailing Address:**2330 PONCE DE LEON BLVD
CORAL GABLES, FL 33134**FEI Number:** 36-4893834**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WORLDWIDE CORPORATE ADMINISTRATORS LLC
2330 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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 LUGO DE RODRIGUEZ, LUISA E
Address 2330 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name RODRIGUEZ RODRIGUEZ, JOSE R
Address 2330 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name RODRIGUEZ LUGO, VIOLETA E
Address 2330 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name RODRIGUEZ LUGO, JOSE R
Address 2330 PONCE DE LEON BLVD
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: LUGO DE RODRIGUEZ, LUISA E

MGR

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date