

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000175147

**Entity Name:** BIOCURE INTEGRATIVE MEDICINE, LLC

**Current Principal Place of Business:**

2731 EXECUTIVE PARK DRIVE  
SUITE 7  
WESTON, FL 33331

**Current Mailing Address:**

2731 EXECUTIVE PARK DRIVE  
SUITE 7  
WESTON, FL 33331

**FEI Number:** 84-3476489

**Certificate of Status Desired:** No

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

ROSADO, JOAQUIN W DR.  
2731 EXECUTIVE PARK DRIVE  
SUITE 7  
WESTON, FL 33331 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 ROSADO, JOAQUIN W DR.  
Address 2731 EXECUTIVE PARK DRIVE  
City-State-Zip: WESTON FL 33331

Title MGR  
Name CHAPLE, VANEZA DR.  
Address 2731 EXECUTIVE PARK DRIVE  
City-State-Zip: WESTON FL 33331

*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 W. ROSADO

**MANAGER**

**03/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date