# 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.

AMBR

## SIGNATURE: BEATRIZ CALCANO

Electronic Signature of Signing Authorized Person(s) Detail

## Name and Address of Current Registered Agent:

TERAN, LIBIA M 1631 NORTH JOHN YOUNG PKWY KISSIMMEE, FL 34741 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

### Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	TERAN, LIBIA MARGARITA	Name	CALCANO, BEATRIZ A
Address	2865 WINDSOR HILL DR	Address	388 SEDGEWICK DRIVE
City-State-Zip:	WINDERMERE FL 34786	City-State-Zip:	DAVENPORT FL 33837

DOCUMENT# L18000278014

#### Entity Name: SERENITY ACCIDENT & INJURY CLINIC, LLC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# **Current Principal Place of Business:**

1631 NORTH JOHN YOUNG PKWY KISSIMMEE, FL 34741

# **Current Mailing Address:**

1631 NORTH JOHN YOUNG PKWY KISSIMMEE, FL 34741

# FEI Number: 83-2743861

Certificate of Status Desired: Yes

Date

FILED Jan 25, 2023 Secretary of State 9927564815CC

Date

01/25/2023