

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000287633

Entity Name: NURE KHOURY, M.D., PLLC.

Current Principal Place of Business:

357 ALMERIA AVE
SUITE #1203
CORAL GABLES, FL 33134

Current Mailing Address:

357 ALMERIA AVE
SUITE #1203
CORAL GABLES, FL 33134

FEI Number: 83-2883571

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE LAW OFFICES OF MAX A ADAMS ESQ PLLC
4929 SW 74TH CT
MIAMI, FL 33155 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 KHOURY, NURE
Address 357 ALMERIA AVE SUITE #1203
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: KHOURY , NURE

MGR

04/15/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date