

**2023 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:** Yes

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

KHOURY, NURE  
357 ALMERIA AVE  
SUITE #1203  
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:** NURE KHOURY

04/12/2023

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:** NURE KHOURY MD

OWNER/MANAGER

04/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date