

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000042130

Entity Name: FAMILIAR MEDICAL CENTER, LLC.

Current Principal Place of Business:

777 E 25 ST STE 101
HIALEAH, FL 33013

Current Mailing Address:

777 E 25 ST STE 101
HIALEAH, FL 33013 US

FEI Number: 83-3645469

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, CARLOS M
777 E 25 ST STE 101
HIALEAH, FL 33013 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 MAMR
Name RODRIGUEZ, CARLOS M
Address 777 E 25 ST STE 101
City-State-Zip: HIALEAH FL 33013

Title MAMR
Name VALDEZ, JORGE DIAZ MD
Address 777 E 25 ST STE 101
City-State-Zip: HIALEAH FL 33013

Title MAMR
Name ORLANDO, ROSSEL MD
Address 777 E 25 ST STE 101
City-State-Zip: HIALEAH FL 33013

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: CARLOS M RODRIGUEZ

MAMR

04/06/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date