

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000057525

**Entity Name:** ASSOCIATED MEDICAL CARE, LLC

**Current Principal Place of Business:**

3399 NW 72 AVENUE  
SUITE 227  
MIAMI, FL 33122

**Current Mailing Address:**

3399 NW 72 AVENUE  
SUITE 227  
MIAMI, FL 33122 US

**FEI Number:** 30-1195155

**Certificate of Status Desired:** No

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

ARELLANO, CLAUDIO F  
3399 NW 72 AVENUE  
SUITE 227  
MIAMI, FL 33122 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:** CLAUDIO F ARELLANO

03/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name NEW HEALTH HOLDING LLC  
Address 3399 NW 72 AVENUE  
SUITE 227  
City-State-Zip: MIAMI FL 33122

*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:** CLAUDIO F ARELLANO

MANAGER

03/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date