

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000026472

**Entity Name:** FLORIDA HEALTHCARE SERVICES, LLC

**Current Principal Place of Business:**

14467 SW 260 ST  
HOMESTEAD, FL 33032

**Current Mailing Address:**

14467 SW 260 ST  
HOMESTEAD, FL 33032 US

**FEI Number: 84-4510701**

**Certificate of Status Desired: No**

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

NOGUERA, GUILLERMO  
14467 SW 260 ST  
HOMESTEAD, FL 33032 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            AMBR  
Name            NOGUERA, GUILLERMO  
Address        14467 SW 260 ST  
City-State-Zip: HOMESTEAD FL 33032

*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: GUILLERMO NOGUERA**

**AMBR**

**01/19/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date