

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000027173

Entity Name: VENECIA MEDICAL CENTER LLC

Current Principal Place of Business:

5890 W 20 AVE
HIALEAH, FL 33016

Current Mailing Address:

5890 W 20 AVE
HIALEAH, FL 33016 US

FEI Number: 84-4525673

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLAUDIA DEL PINO
14226 SW 44TH ST
MIAMI, FL 33175 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 ELIANY ALINA LEON ROJAS
Address 3421 18TH AVE SE
City-State-Zip: NAPLES FL 34117

Title MGR
Name CLAUDIA DEL PINO
Address 14226 SW 44TH ST
City-State-Zip: MIAMI FL 33175

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: CLAUDIA DEL PINO

MG

02/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date