

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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:

LEON ROJAS , ELIANY ALINA
3421 18 AV SE
NAPLES , FL 34117 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: ELIANY ALINA LEON ROJAS

08/28/2023

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

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: ELIANY ALINA LEON ROJAS

MANAGER

08/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date