

**2021 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:**

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

**MANAGER**

**10/26/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date