## **2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000029083

**Entity Name: DOCTOR PETRUS LLC** 

**Current Principal Place of Business:** 

150 SE 2ND AVE UNIT 1402 MIAMI, FL 33131

**Current Mailing Address:** 

150 SE 2ND AVE UNIT 1402 MIAMI, FL 33131 US

FEI Number: 61-1956207 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAXCARE SOUTH MIAMI 150 SE 2ND AVE UNIT 1402 MIAMI, FL 33131 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: CORINA A. SMITH 04/12/2023

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MANAGER Title MANAGER

Name DI MASE ZINGG, EGLANTINA Name BAKHOS HASKOUR, ANTONIO C

Address 17878 NORTH BAY RD Address 1441 WEST 23RD STREET

APT 603

City-State-Zip: MIAMI BEACH FL 33140

Title CFO Title MANAGER

Name CARRILLO, LUISANA Name MONSALVE, BORIS

Address 455 BRICKELL AVE APT 4003
Address 150 SE 2ND AVE

UNIT 1402 City-State-Zip: MIAMI FL 33131

City-State-Zip: MIAMI FL 33131

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: DI MASE ZINGG, EGLANTINA

MANAGER

04/12/2023

FILED Apr 12, 2023

**Secretary of State** 

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