

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000044501

Entity Name: HORIZONS PEDIATRIC CENTER, LLC

Current Principal Place of Business:

215 IMPERIAL BLVD UNIT B1&B2
LAKELAND, FL 33803

Current Mailing Address:

215 IMPERIAL BLVD UNIT B1& B2
LAKELAND, FL 33803 US

FEI Number: 84-4817329

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YANCE, LUIS ALFREDO
1301 SW 83AVE
NORTH LAUDERDALE, FL 33068 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: LUIS YANCE

03/27/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name YANCE, LUIS ALFREDO
Address 1301 SW 83AVE
City-State-Zip: NORTH LAUDERDALE FL 33068

Title AUTHORIZED MEMBER
Name CARBONELL, ALEXEI
Address 676 NW 127 CT
City-State-Zip: MIAMI FL 33182

Title AUTHORIZED MEMBER
Name GARCIA, RAFAEL A
Address 1824 SW 155 AVE
City-State-Zip: MIAMI FL 33185

Title AUTHORIZED MEMBER
Name MIRANDA CASTILLO, DELVIS
MANUEL
Address 3745 HILL STREET
City-State-Zip: LAKELAND FL 33812

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: LUIS YANCE

ADMIN

03/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date