

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000113870

**Entity Name:** PRO-CARE MIAMI LLC

**Current Principal Place of Business:**

12550 BISCAYNE BLVD STE 110  
MIAMI, FL 33181

**Current Mailing Address:**

12550 BISCAYNE BLVD STE 110  
MIAMI, FL 33181 US

**FEI Number:** 61-1964349

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGOJO, ANTONIO  
12550 BISCAYNE BLVD STE 110  
MIAMI, FL 33181 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	Title	MGR
Name	BOTERO MAYORGA, PATRICIA	Name	VIDAL DUSSAN, JOSE VICENTE
Address	12550 BISCAYNE BLVD STE 110	Address	12550 BISCAYNE BLVD STE 110
City-State-Zip:	MIAMI FL 33181	City-State-Zip:	MIAMI FL 33181

*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:** JOSE VICENTE VIDAL DUSSAN

MGR

04/20/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date