

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000324064

**Entity Name:** CHOICE HEALTH CENTERS LLC

**Current Principal Place of Business:**

8950 SW 74 CT.  
1801  
MIAMI, FL 33156

**Current Mailing Address:**

8950 SW 74 CT.  
1801  
MIAMI, FL 33156 US

**FEI Number:** 85-3664562

**Certificate of Status Desired:** No

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

VALLE, ISIS  
3625 NW 82 AVE  
401  
DORAL, FL 33166 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            | GARCIA, GENARO | Name            | ALONSO, CARLOS |
| Address         | 8950 SW 74 CT. | Address         | 8950 SW 74 CT. |
| City-State-Zip: | MIAMI FL 33156 | City-State-Zip: | MIAMI FL 33156 |

*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:** GENARO GARCIA

**MANAGER**

**04/27/2021**

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

\_\_\_\_\_  
Date