

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000080122

Entity Name: MAXCURE MEDICAL CENTER, LLC

Current Principal Place of Business:

9360 SW 72ND STREET
SUITE 205 AND 212
MIAMI, FL 33173

Current Mailing Address:

9360 SW 72ND STREET
SUITE 205 AND 212
MIAMI, FL 33173 US

FEI Number: 86-2429467

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTILLO MADRIGAL, MICHEL SR.
9360 SW 72ND STREET
SUITE 205 AND 212
MIAMI, FL 33173 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 CASTILLO MADRIGAL, MICHEL SR.
Address 9360 SW 72ND STREET
SUITE 205 AND 212
City-State-Zip: MIAMI FL 33173

Title MGR
Name PEDRO VILLAR PEREZ
Address 9360 SW 72ND STREET
SUITE 205 AND 212
City-State-Zip: MIAMI FL 33173

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: MICHEL CASTILLO MADRIGAL

MANAGER

01/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date