

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000091101

**Entity Name:** TAMPA MEDICAL CENTER LLC

**Current Principal Place of Business:**

5535 MEMORIAL HIGHWAY  
TAMPA, FL 33634

**Current Mailing Address:**

2507 W GARDNER CT.  
TAMPA, FL 33611 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BURTON, ADAM  
5535 MEMORIAL HWY.  
TAMPA, FL 33634 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	AMBR	Title	AMBR
Name	FERNANDEZ, NISREEN	Name	FERNANDEZ, JOSE
Address	5535 MEMORIAL HIGHWAY	Address	5535 MEMORIAL HIGHWAY
City-State-Zip:	TAMPA FL 33634	City-State-Zip:	TAMPA FL 33634

*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:** NISREEN FERNANDEZ

AMBR

04/03/2023

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

\_\_\_\_\_ Date