

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000098350

**Entity Name:** BETTER MEDICAL CENTER, LLC

**Current Principal Place of Business:**

13255 SW 137 AVE  
SUITE: 201  
MIAMI, FL 33186

**Current Mailing Address:**

13255 SW 137 AVE  
SUITE: 201  
MIAMI, FL 33186

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

DIAZ, ROBERTO JR  
13255 SW 137 AVE  
SUITE: 201  
MIAMI, FL 33186 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  
Name DIAZ, ROBERTO JR  
Address 13255 SW 137 AVE, SUITE: 201  
City-State-Zip: MIAMI FL 33186

*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:** DIAZ , ROBERTO , JR

AMBR

03/28/2023

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

\_\_\_\_\_  
Date