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: GUSTAVO CORREA

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

LIBIA, ORTIZ 8148 CASCADA ISLES DR HOLLYWOOD, FL 33024 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:	LIBIA ORTIZ

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	PRESIDENT
Name	CORREA, GUSTAVO A
Address	8148 CASCADA ISLES DR
City-State-Zip:	HOLLYWOOD FL 33024

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L21000105358

Entity Name: EL PROJIMO MEDICAL CENTER, PLLC

Current Principal Place of Business:

1084 SUNSET STRIP SUNRISE, FL 33313

Current Mailing Address:

1084 SUNSET STRIP SUNRISE, FL 33313

FEI Number: 86-3014818

Certificate of Status Desired: No

07/08/2022 Date

FILED Jul 08, 2022 Secretary of State 3492407733CC

PRESIDENT

Date