

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000122420

Entity Name: WESTSIDE MEDICAL PINE ISLAND, LLC

Current Principal Place of Business:

350 N PINE ISLAND RD
2
PLANTATION, FL 33324

Current Mailing Address:

135 WESTON RD 328
WESTON, FL 33326 UN

FEI Number: 86-2614975

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, JOSEPH H
135 WESTON RD 328
WESTON, FL 33326 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 PEREZ, JOSEPH H
Address 135 WESTON RD 328
City-State-Zip: WESTON FL 33326

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: JOSEPH H PEREZ

MGR

04/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date