

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000124430

**Entity Name:** H&A MEDICAL SERVICES LLC

**Current Principal Place of Business:**

11990 SW 2ND ST  
MIAMI, FL 33184

**Current Mailing Address:**

11990 SW 2ND ST  
MIAMI, FL 33184

**FEI Number:** 86-2887802

**Certificate of Status Desired:** No

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

SUERO, JUAN  
11990 SW 2ND ST  
MIAMI, FL 33184 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	Title	MGR
Name	SUERO, JUAN	Name	PESTANA ALFONSO, HEHISKYS C
Address	11990 SW 2ND ST	Address	11990 SW 2ND ST
City-State-Zip:	MIAMI FL 33184	City-State-Zip:	MIAMI FL 33184

*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:** JUAN SUERO

MGR

01/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date