

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000157942

**Entity Name:** PONCE HEALTH SERVICES LLC

**Current Principal Place of Business:**

13475 SW 62ST  
#1  
MIAMI, FL 33183

**Current Mailing Address:**

13475 SW 62ST  
#1  
MIAMI, FL 33183

**FEI Number:** 86-3265215

**Certificate of Status Desired:** No

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

PONCE DE LEON PEREZ, YARILA  
13475 SW 62ST  
#1  
MIAMI, FL 33183 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 PONCE DE LEON PEREZ, YARILA  
Address 13475 SW 62ST APT # 1  
City-State-Zip: MIAMI FL 33183

*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:** YARILA PONCE DE LEON PEREZ

MGR

04/02/2024

\_\_\_\_\_

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_

Date