

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000288795

Entity Name: CENTRO CLINICO DE CABIMAS LLC

Current Principal Place of Business:

12701 S JOHN YOUNG PKWY
SUITE 216
ORLANDO, FL 32837

Current Mailing Address:

12701 S JOHN YOUNG PKWY
SUITE 216
ORLANDO, FL 32837 US

FEI Number: 87-1349551

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAX CARE ORLANDO
12701 S JOHN YOUNG PKWY.
SUITE 216
ORLANDO, FL 32837 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 MGRM
Name VILELA MORLES, OSWALDO R
Address 601 WESTMINSTER BLVDD
City-State-Zip: OLDSMAR FL 34677

Title MGRM
Name MANZANO SIVIRA, LENIN E
Address 601 WESTMINSTER BLVD
City-State-Zip: OLDSMAR FL 34677

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: MANZANO SIVIRA , LENIN E

MGRM

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date