

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000310344

**Entity Name:** LEAF MEDICAL CARE, LLC

**Current Principal Place of Business:**

587 E SAMPLE RD  
SUITE 206  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

587 E SAMPLE RD  
SUITE 206  
POMPANO BEACH, FL 33064 US

**FEI Number:** 35-2719411

**Certificate of Status Desired:** No

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

SADDI AYRES, EDUARDO  
587 E SAMPLE RD  
SUITE 206  
POMPANO BEACH, FL 33064 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:** EDUARDO SADDI AYRES

02/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SADDI AYRES, EDUARDO  
Address RUA MARIANA CORREIA 173, JARDIM  
PAULISTANO  
City-State-Zip: SAO PAULO SP 01444-000

Title AMBR  
Name DA COSTA FILHO, ALENCAR S  
Address ALAMEDA JAU 263, APTO 191,  
JARDIM PAULISTA  
City-State-Zip: SAO PAULO SP 01420-000

*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:** EDUARDO SADDI AYRES

AMBR

02/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date