

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000395049

**Entity Name:** SEGURO SALUD, LLC

**Current Principal Place of Business:**

1450 SE 18TH TER  
CAPE CORAL, FL 33990

**Current Mailing Address:**

1450 SE 18TH TER  
CAPE CORAL, FL 33990 US

**FEI Number:** 87-2540332

**Certificate of Status Desired:** No

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

JIMENEZ, MARTHA  
1450 SE 18TH TER  
CAPE CORAL, FL 33990 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            AMBR  
Name            JIMENEZ, MARTHA  
Address        1450 SE 18TH TER  
City-State-Zip: CAPE CORAL FL 33990

*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:** MARTHA JIMENEZ

**PRESIDENT**

**04/21/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date