## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000419316

Entity Name: UNIMED MEDICAL CENTERS, LLC.

**Current Principal Place of Business:** 

15100 NW 67 AVE SUITE 103

MIAMI LAKES, FL 33014

## **Current Mailing Address:**

15100 NW 67 AVE **SUITE 103** MIAMI LAKES, FL 33014 US

FEI Number: 87-3284841 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ORTEGA, REYNALDO 3602 SW 166 AVE MIRAMAR, FL 33027 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

**FILED** Jan 17, 2024

**Secretary of State** 

3013768521CC

Authorized Person(s) Detail:

Title **AMBR** 

Title **AMBR** 

ORTEGA, REYNALDO Name Name DIAZ, JOSE I

Address 3602 SW 166TH AVE Address 9001 SW 92ND CT City-State-Zip: MIAMI FL 33176 City-State-Zip: MIRAMAR FL 33027

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: REYNALDO ORTEGA

MANAGING MEMBER

01/17/2024