

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000423767

**Entity Name:** AMISTAD MEDICAL CENTER LLC

**Current Principal Place of Business:**

11730 SW 173 ST  
MIAMI, FL 33177

**Current Mailing Address:**

11730 SW 173 ST  
MIAMI, FL 33177

**FEI Number:** 88-2066292

**Certificate of Status Desired:** No

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

AGUILERA, YUNIER  
11730 SW 173 ST  
MIAMI, FL 33177 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           | P                | Title           | VP              |
| Name            | AGUILERA, YUNIER | Name            | MAYA, NATASHA   |
| Address         | 11730 SW 173 ST  | Address         | 11730 SW 173 ST |
| City-State-Zip: | MIAMI FL 33177   | City-State-Zip: | MIAMI FL 33177  |

*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:** NATASHA MAYA

VP

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date