

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000481422

Entity Name: RUIZ MEDICAL SERVICES, LLC

Current Principal Place of Business:

12353 SW 144 TERRACE
MIAMI, FL 33186

Current Mailing Address:

12353 SW 144 TERRACE
MIAMI, FL 33186 US

FEI Number: 87-4425863

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RUIZ, MASSIEL
12353 SW 144 TERRACE
MIAMI, FL 33186 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 AUTHORIZED MEMBER
Name RUIZ, MASSIEL
Address 12353 SW 144 TERRACE
City-State-Zip: MIAMI FL 33186

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: MASSIEL RUIZ

AUTHORIZED MEMBER

03/21/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date