

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000014147

**Entity Name:** DISTRIBUIDORA MEDICO QUIRURGICO GALENO LLC

**Current Principal Place of Business:**

600 N ARLINGTON AVE.  
DELAND, FL 32724

**Current Mailing Address:**

600 N ARLINGTON AVE.  
DELAND, FL 32724 US

**FEI Number:** 87-4403827

**Certificate of Status Desired:** No

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

ACOSTA, ENELVA  
600 N ARLINGTON AVE  
DELAND, FL 32724 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	Title	AMBR
Name	ACOSTA, ENELVA	Name	SERVIGNA, LUIS
Address	600 N ARLINGTON AVE	Address	CASA 190 COSTA ROSMINI VILLAS
City-State-Zip:	DELAND FL 32724	City-State-Zip:	MARACAIBO ZU 4002

*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:** ENELVA ACOSTA

AMBR

04/16/2024

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

\_\_\_\_\_  
Date