

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000150578

**Entity Name:** SERVICE MEDICAL TOURISM, LLC

**Current Principal Place of Business:**

990 BISCAYNE BLVD.  
STE. 501-16  
MIAMI, FL 33132

**Current Mailing Address:**

990 BISCAYNE BLVD.  
STE. 501-16  
MIAMI, FL 33132 US

**FEI Number:** 36-5017810

**Certificate of Status Desired:** No

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

USA GESTIONES, LLC  
990 BISCAYNE BLVD.  
STE. 501-16  
MIAMI, FL 33132 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	MBR
Name	RUIZ RIVERA, JESUS O
Address	990 BISCAYNE BLVD.
City-State-Zip:	MIAMI FL 33132
Title	MBR
Name	SAINZ HERNANDEZ, FRANCISCO J
Address	990 BISCAYNE BLVD.
City-State-Zip:	MIAMI FL 33132

Title	MBR
Name	ARGUELLES LORIA, PATRICIA C
Address	990 BISCAYNE BLVD.
City-State-Zip:	MIAMI FL 33132
Title	MBR
Name	GALINDO RAMIREZ, MELVA A
Address	990 BISCAYNE BLVD.
City-State-Zip:	MIAMI FL 33132

*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:** JESUS O RUIZ RIVERA

MBR

02/21/2024

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

\_\_\_\_\_  
Date