

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000186123

**Entity Name:** LIFECARE MED CENTER, LLC

**Current Principal Place of Business:**

3011 W. FLAGLER ST.  
SUITE A  
MIAMI, FL 33135

**Current Mailing Address:**

3011 W. FLAGLER ST.  
SUITE A  
MIAMI, FL 33135 US

**FEI Number:** 88-2228592

**Certificate of Status Desired:** No

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

VAZQUEZ, GLEISY  
3011 W. FLAGLER ST.  
SUITE A  
MIAMI, FL 33135 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 MGR  
Name VAZQUEZ, GLEISY  
Address 3011 W. FLAGLER ST. SUITE A  
City-State-Zip: MIAMI FL 33135

Title MGR  
Name ESTEVEZ, ROXANA  
Address 3011 W. FLAGLER ST. SUITE A  
City-State-Zip: MIAMI FL 33135

*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:** ROXANA ESTEVEZ

**OWNER**

**02/03/2024**

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

\_\_\_\_\_  
Date