

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000366855

**Entity Name:** LOZANO MD CARE SERVICES LLC

**Current Principal Place of Business:**

3201 DREW WAY  
PALM SPRINGS, FL 33406

**Current Mailing Address:**

3201 DREW WAY  
PALM SPRINGS, FL 33406

**FEI Number: 88-3859736**

**Certificate of Status Desired:** No

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

LOZANO, NADIA  
3201 DREW WAY  
PALM SPRINGS, FL 33406 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  
Name            LOZANO, NADIA  
Address        3201 DREW WAY  
City-State-Zip: PALM SPRINGS FL 33406

*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: NADIA LOZANO**

**MANAGER**

**03/29/2023**

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

\_\_\_\_\_  
Date