

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000518199

**Entity Name:** TELEFONETICA HEALTH LLC

**Current Principal Place of Business:**

1080 BRICKELL AVE  
UNIT 1103  
MIAMI, FL 33131

**FILED**  
**Apr 14, 2023**  
**Secretary of State**  
**7095500876CC**

**Current Mailing Address:**

1080 BRICKELL AVE  
UNIT 1103  
MIAMI, FL 33131 US

**FEI Number:** 88-4398381

**Certificate of Status Desired:** No

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

MARTINEZ, RODOLFO F  
1080 BRICKELL AVE UNIT 1103  
MIAMI, FL 33131 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           | PRINCIPAL                      |
| Name            | MARTINEZ, RODOLFO F         | Name            | MARTINEZ, SONIA                |
| Address         | 1080 BRICKELL AVE UNIT 1103 | Address         | 1080 BRICKELL AVE<br>UNIT 1103 |
| City-State-Zip: | MIAMI FL 33131              | City-State-Zip: | MIAMI FL 33131                 |

*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:** RODOLFO F MARTINEZ

RODOLFO F MARTINEZ

04/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date