

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000113765

**Entity Name:** EMPOWERMED DPC, LLC

**Current Principal Place of Business:**

11760 SW 40 ST  
SUITE 642  
MIAMI, FL 33175

**Current Mailing Address:**

11760 SW 40 ST  
SUITE 642  
MIAMI, FL 33175 US

**FEI Number:** 92-3009737

**Certificate of Status Desired:** Yes

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

ALVAREZ, ALEJANDRA  
11760 SW 40 ST  
SUITE 642  
MIAMI, FL 33175 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 ALVAREZ, ALEJANDRA  
Address 11760 SW 40 ST SUITE 642  
City-State-Zip: MIAMI FL 33175

*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:** ALEJANDRA ALVAREZ

MD

04/29/2024

\_\_\_\_\_

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_

Date