

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L23000400761

Entity Name: KERALTY CLINICALLY INTEGRATED NETWORK LLC

Current Principal Place of Business:

8400 NW 33RD ST
STE 201
MIAMI, FL 33122

Current Mailing Address:

8400 NW 33RD ST
STE 201
MIAMI, FL 33122 US

FEI Number: 99-0708919

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVERA-MONTOYA, ADRIANA
8400 NW 33RD ST
STE 201
MIAMI, FL 33122 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 RIVERA-MONTOYA, ADRIANA
Address 8400 NW 33RD ST, STE 201
City-State-Zip: MIAMI FL 33122

Title MGR, CHAIRMAN
Name ECHANDIA , JUAN CARLOS
Address 8400 NW 33RD ST, STE 201
City-State-Zip: MIAMI FL 33122

Title MGR
Name MONTOYA, CARLOS MD
Address 8400 NW 33RD ST, STE 201
City-State-Zip: MIAMI FL 33122

Title MGR
Name CRUZ, CARLOS MD
Address 8400 NW 33RD ST, STE 201
City-State-Zip: MIAMI FL 33122

Title MGR
Name DARPON, JON
Address 8400 NW 33RD ST, STE 201
City-State-Zip: MIAMI FL 33122

Title CHIEF INTEGRATION OFFICER
Name DAZA , RAUL
Address 8400 NW 33RD ST
STE 201
City-State-Zip: MIAMI FL 33122

Title CORPORATE SECRETARY
Name LEVY , ANNA
Address 8400 NW 33RD ST
STE 201
City-State-Zip: MIAMI FL 33122

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: ANNA LEVY

SECRETARY

10/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date