

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000425312

**Entity Name:** PORTIZO MEDICAL LLC

**Current Principal Place of Business:**

2750 SW 145TH AVENUE  
SUITE 304  
MIRAMAR, FL 33027

**Current Mailing Address:**

2750 SW 145TH AVENUE  
SUITE 304  
MIRAMAR, FL 33027

**FEI Number:** 93-3364052

**Certificate of Status Desired:** Yes

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

PORTO, JOHAN  
2750 SW 145TH AVENUE  
SUITE 304  
MIRAMAR, FL 33027 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 PORTO, JOHAN  
Address 2750 SW 145TH AVENUE, STE 304  
City-State-Zip: MIRAMAR FL 33027

Title MGR  
Name RIZO, MICHEL  
Address 2750 SW 145TH AVENUE, STE 304  
City-State-Zip: MIRAMAR FL 33027

Title MGR  
Name ROLANDO DALACIOS, JUAN  
Address 1901 BRICKELL AVENUE B606  
City-State-Zip: MIAMI FL 33125

Title MGR  
Name DUENAS, DOMINGO A  
Address 1901 BRICKELL AVENUE B606  
City-State-Zip: MIAMI FL 33125

Title MGR  
Name VELAZQUEZ, JUAN C  
Address 1800 NORTH BAYSHORE DRIVE #1511  
City-State-Zip: MIAMI FL 33132

*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:** JOHAN PORTO

MGR

02/08/2024

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

\_\_\_\_\_  
Date