

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000551947

**Entity Name:** DR. M CENTER KEY LARGO, PLLC

**Current Principal Place of Business:**

1823 HARBOR POINTE CIR  
WESTON, FL 33327

**Current Mailing Address:**

1823 HARBOR POINTE CIR  
WESTON, FL 33327 US

**FEI Number:** 99-0765616

**Certificate of Status Desired:** No

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

MONTAMARTA, CRISTINA  
1823 HARBOR POINTE CIR  
WESTON, FL 33327 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 MONTAMARTA, FRANCISCO  
Address 1823 HARBOR POINTE CIR  
City-State-Zip: WESTON FL 33327

*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:** FRANCISCO MONTAMARTA

MGR

02/07/2024

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

\_\_\_\_\_  
Date