

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000001020

Entity Name: VOHRA WOUND PHYSICIANS MANAGEMENT, LLC

Current Principal Place of Business:

3601 SW 160TH AVENUE, SUITE 250
MIRAMAR, FL 33027

Current Mailing Address:

3601 SW 160TH AVENUE, SUITE 250
MIRAMAR, FL 33027

FEI Number: 27-3762447

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VISSEPO, LUIS
3601 SW 160TH AVENUE, SUITE 250
MIRAMAR, FL 33027-6314 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: LUIS VISSEPO

02/08/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name VOHRA, AMEET DR.
Address 3601 SW 160TH AVENUE, SUITE 250
City-State-Zip: MIRAMAR FL 33027

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: AMEET VOHRA

PRESIDENT

02/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date