

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000008059

**Entity Name:** ICH MEDICAL CENTER - HIALEAH, LLC

**Current Principal Place of Business:**

C/O MMM AT 5775 BLUE LAGOOD DR., STE 450  
MIAMI, FL 33126

**Current Mailing Address:**

5775 BLUE LAGOON DRIVE, SUITE 450  
MIAMI, FL 33126 US

**FEI Number:** 85-2761863

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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 MEMBER  
Name ICH DELIVERY NETWORK, LLC  
Address C/O MMM AT 5775 BLUE LAGOOD  
DR., STE 450  
City-State-Zip: MIAMI FL 33126

*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:** ICH DELIVERY NETWORK, LLC

MEMBER

03/21/2023

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

\_\_\_\_\_ Date