

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000008061

**Entity Name:** VIVAMAS MEDICAL CENTER - KENDALL, LLC

**Current Principal Place of Business:**

440 S. BROADWAY  
1ST FLOOR  
WHITE PLAINS, NY 10601

**Current Mailing Address:**

440 S. BROADWAY  
1ST FLOOR  
WHITE PLAINS, NY 10601 US

**FEI Number:** 85-2906452

**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           MANAGING MEMBER  
Name           VIVAMAS DELIVERY NETWORK, LLC  
Address        44 S BROADWAY 1 FL  
                  1ST FLOOR  
City-State-Zip: WHITE PLAINS NY 10601

*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:** VIVAMAS DELIVERY NETWORK, LLC

MANAGING MEMBER

04/02/2021

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

\_\_\_\_\_ Date