# 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.

MD

#### SIGNATURE: OSCAR LINDO

Electronic Signature of Signing Authorized Person(s) Detail

### 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L07000013840

Entity Name: LINDO MEDICAL CARE, LLC

#### Current Principal Place of Business:

10045 CORTEZ BLVD SUITE 154 BROOKSVILLE, FL 34613

### **Current Mailing Address:**

10045 CORTEZ BLVD SUITE 154 BROOKSVILLE, FL 34613 US

### FEI Number: 20-8395918

## Name and Address of Current Registered Agent:

LINDO, OSCAR DR. 10045 CORTEZ BLVD SUITE 154 BROOKSVILLE, FL 34613 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	: OSCAR LINDO, DR			02/28/2022
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	OFFICE ADMINISTRATOR	
Name	LINDO, OSCAR DR.	Name	LINDO ZELEDON, OSCAR J JR	
Address	10045 CORTEZ BLVD, SUITE 154	Address	10045 CORTEZ BLVD SUITE 154	
City-State-Zip:	BROOKSVILLE FL 34613	City-State-Zip:	BROOKSVILLE FL 34613	

FILED Feb 28, 2022 Secretary of State 8982883572CC

Certificate of Status Desired: Yes

02/28/2022 Date