

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000063684

**Entity Name:** TERRERO MEDICAL CENTER, LLC.

**Current Principal Place of Business:**

7880 W OAKLAND PARK BLVD  
SUITE 301  
SUNRISE, FL 33351

**Current Mailing Address:**

7880 W OAKLAND PARK BLVD  
SUITE 301  
SUNRISE, FL 33351 US

**FEI Number:** 26-0371802

**Certificate of Status Desired:** Yes

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

RODRIGUEZ-PARRA, YAMILIS  
7880 W OAKLAND PARK BLVD  
SUITE 301  
SUNRISE, FL 33351 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:** YAMILIS RODRIGUEZ-PARRA

04/28/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            OWNER/MEMBER  
Name            TERRERO, ALFREDO DR.  
Address        7880 W OAKLAND PARK BLVD  
                  SUITE 301  
City-State-Zip: SUNRISE FL 33351

Title            OWNER/MANAGING MEMBER  
Name            RODRIGUEZ-PARRA, YAMILIS  
Address        7880 W OAKLAND PARK BLVD  
                  SUITE 301  
City-State-Zip: SUNRISE FL 33351

*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:** YAMILIS RODRIGUEZ-PARRA

OWNER

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date