

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000080713

**Entity Name:** MIAMI HEALTH DISTRICT RI, LLC

**Current Principal Place of Business:**

2999 NE 191ST STREET  
STE 800  
AVENTURA, FL 33180

**Current Mailing Address:**

2999 NE 191ST STREET  
STE 800  
AVENTURA, FL 33180 US

**FEI Number:** 26-0829840

**Certificate of Status Desired:** No

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

RECONDO, VICTOR  
2999 NE 191ST STREET  
STE 800  
AVENTURA, FL 33180 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:** VICTOR RECONDO

03/20/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MRG  
Name FINVARB, ROBERT  
Address 2999 NE 191ST STREET  
STE 800  
City-State-Zip: AVENTURA FL 33180

*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:** ROBERT FINVARB

MGR

03/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date