

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000029591

**Entity Name:** PREMIER OB/GYN OF SOUTH FLORIDA, PLLC

**Current Principal Place of Business:**

8145 N.W. 155 STREET  
SUITE B  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

8145 N.W. 155 STREET  
SUITE B  
MIAMI LAKES, FL 33016 US

**FEI Number:** 26-2248248

**Certificate of Status Desired:** No

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

PANDO, JORGE  
8145 N.W. 155 STREET  
SUITE B  
MIAMI LAKES, FL 33016 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 MGMR  
Name PANDO, JORGE M.D.  
Address 8145 N.W. 155 STREET  
SUITE B  
City-State-Zip: MIAMI LAKES FL 33016

*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:** JORGE PANDO

MGMR

04/29/2021

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

\_\_\_\_\_  
Date