

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049179

Entity Name: MULTI-MED HEALTHCARE, LLC.

Current Principal Place of Business:

934 N. UNIVERSITY DRIVE
SUITE 219
CORAL SPRINGS, FL 33071

Current Mailing Address:

934 N. UNIVERSITY DRIVE
SUITE 219
CORAL SPRINGS, FL 33071

FEI Number: 80-0185827

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CANELO, RAFAEL
934 N. UNIVERSITY DRIVE
SUITE 219
CORAL SPRINGS, FL 33071 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 MGR
Name RAFAEL CANELO
Address 934 N. UNIVERSITY DRIVE
SUITE 219
City-State-Zip: CORAL SPRINGS FL 33071

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: RAFAEL CANELO

MANAGER

04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date