

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000009810

**Entity Name:** MEDGROUP MEDICAL CENTER, LLC

**Current Principal Place of Business:**

5200 SW 8TH ST, STE 150  
CORAL GABLES, FL 33134

**Current Mailing Address:**

5200 SW 8TH ST, STE 150  
CORAL GABLES, FL 33134

**FEI Number:** 90-0650907

**Certificate of Status Desired:** No

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

VERA, JESUS S  
5200 SW 8TH ST, STE 150  
CORAL GABLES, FL 33134 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:** JESUS VERA

01/22/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGING MEMBER  
Name VERA, JESUS S  
Address 5200 SW 8TH ST, STE 150  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGING MEMBER  
Name VERA, JAZMINE T  
Address 5200 SW 8TH ST, STE 150  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGING MEMBER  
Name VERA, ROSA V  
Address 5200 SW 8TH ST, STE 150  
City-State-Zip: CORAL GABLES FL 33134

*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:** JESUS S VERA

MGRM

01/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date