

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000035682

**Entity Name:** ALAL HEALTH, LLC

**Current Principal Place of Business:**

4445 WEST 16TH AVENUE  
SUITE 200  
HIALEAH, FL 33012

**Current Mailing Address:**

4445 WEST 16TH AVENUE  
SUITE 200  
HIALEAH, FL 33012 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MATZNER , GARY  
2800 PONCE DE LEON BLVD.  
1100  
HIALEAH, 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:** GARY MATZNER

04/14/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name           LAMADRID, ALBERTO  
Address        4445 WEST 16TH AVENUE  
                  SUITE 200  
City-State-Zip: HIALEAH FL 33012

Title           MANAGER  
Name           LAMADRID, ALICIA C.  
Address        4445 WEST 16TH AVENUE  
                  SUITE 200  
City-State-Zip: HIALEAH FL 33012

*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:** ALBERTO LAMADRID

MANAGER

04/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date