

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000018730

Entity Name: CENTRO MEDICO DR. FERREBUS AMAYA, LLC

Current Principal Place of Business:

4609 SHIRE LANE
DAVIE, FL 33314

Current Mailing Address:

4609 SHIRE LANE
DAVIE, FL 33314 US

FEI Number: 80-0837198

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERREBUS, ARGENIS MD
4609 SHIRE LANE
DAVIE, FL 33314 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: ARGENIS FERREBUS

04/08/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name FERREBUS-AMAYA, ARGENIS R
Address 4609 SHIRE LANE
City-State-Zip: DAVIE FL 33314

Title MGRM
Name RODRIGUEZ, ERIKA PATRICIA
Address 4609 SHIRE LANE
City-State-Zip: DAVIE FL 33314

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: ARGENIS R FERREBUS-AMAYA

04/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date