

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000140293

Entity Name: PRIMARY CARE PHYSICIANS OF WEST BROWARD, P.L.

Current Principal Place of Business:

601 N FLAMINGO ROAD
104
PEMBROKE PINES, FL 33028

Current Mailing Address:

601 N FLAMINGO ROAD
104
PEMBROKE PINES, FL 33028 US

FEI Number: 20-5181378

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARCE, CARLOS H
LUBELL & ROSEN
200 SOUTH ANDREWS AVENUE SUITE 900
FORT LAUDERDALE, FL 33301 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: CARLOS H. ARCE

01/22/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title OWNER
Name ISSA, MOISES DR.
Address 601 N FLAMINGTO RD
 104
City-State-Zip: PEMBROKE PINES FL 33028

Title OWNER
Name FERNANDEZ-BLAY, ROBERTO DR.
Address 601 N FLAMINGO RD
 104
City-State-Zip: PEMBROKE PINES FL 33028

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: MOISES ISSA

OWNER

01/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date