

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000142015

**Entity Name:** CENTRO TERAPEUTICO EQUILIBRIUM LLC**Current Principal Place of Business:**932 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134**Current Mailing Address:**932 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US**FEI Number:** 46-3816103**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HERRERA, HUGO F  
932 PONCE DE LEON BLVD.  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	EXECUTIVE DIRECTOR
Name	HERRERA, HUGO F
Address	932 PONCE DE LEON BLVD.
City-State-Zip:	CORAL GABLES FL 33134

Title	CLINICAL DIRECTOR
Name	LLANO, LUZ H
Address	932 PONCE DE LEON BLVD.
City-State-Zip:	CORAL GABLES FL 33134

Title	OPERATIONS MANAGER
Name	ARBOLEDA, BEATRIZ
Address	932 PONCE DE LEON BLVD.
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:** BEATRIZ ARBOLEDA**OPERATIONS MANAGER** 01/30/2023\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date