

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000029185

**Entity Name:** TOWERS MEDICAL, LLC

**Current Principal Place of Business:**

1695 NW 110TH AVE STE 300  
MIAMI, FL 33172

**Current Mailing Address:**

1695 NW 110TH AVE STE 300  
MIAMI, FL 33172 US

**FEI Number:** 46-4884814

**Certificate of Status Desired:** No

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

TORRES, ERNESTO V  
1695 NW 110TH AVE STE 300  
MIAMI, FL 33172 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:** ERNESTO V TORRES

04/05/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name TORRES, ERNESTO V  
Address 1695 NW 110TH AVE STE 300  
City-State-Zip: MIAMI FL 33172

*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:** ERNESTO V TORRES

04/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date