

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000073014

Entity Name: CAREMAX MEDICAL CENTER OF HIALEAH, L.L.C.

Current Principal Place of Business:

1840 W 49 STREET
105
HIALEAH, FL 33012

Current Mailing Address:

1000 NW 57 CT.
400
MIAMI, FL 33126 US

FEI Number: 47-3835800

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE VERA, JOSEPH N ESQ.
1000 NW 57 CT.
400
MIAMI, FL 33126 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 MEMBER
Name CAREMAX MEDICAL GROUP, LLC
Address 1000 NW 57 CT.
400
City-State-Zip: MIAMI FL 33126

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 DE SOLO

COO

04/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date