

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000124565

Entity Name: MIDTOWN HEALTH CENTER, LLC

Current Principal Place of Business:

1205 S.W. 37 AVENUE
MIAMI, FL 33135

Current Mailing Address:

1205 S.W. 37 AVENUE
MIAMI, FL 33135 US

FEI Number: 47-4612158

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EICHEMENDIA, BEATRIZ FINANCE MANAGER
1205 SW 37TH AVENUE
MIAMI, FL 33135 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: BEATRIZ EICHEMENDIA

04/17/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	ALVAREZ, CLAUDIO R	Name	ALVAREZ, NICOLAS R MD
Address	1205 SW 37TH AVENUE	Address	1205 SW 37TH AVENUE
City-State-Zip:	MIAMI FL 33135	City-State-Zip:	MIAMI FL 33135

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: ALVAREZ, CLAUDIO R

MGR

04/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date