

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000192774

**Entity Name:** FAMILY MEDICAL CLINIC KENDALL LLC

**Current Principal Place of Business:**

9000 SW 137 AVE  
SUITE 111  
MIAMI, FL 33186

**Current Mailing Address:**

9000 SW 137 AVE  
SUITE 111  
MIAMI, FL 33186 US

**FEI Number:** 81-4186224

**Certificate of Status Desired:** No

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

RODRIGUEZ, LIZSANDRA  
9000 SW 137 AVE  
SUITE 111  
MIAMI, FL 33186 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:** LIZSANDRA RODRIGUEZ

04/18/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            RODRIGUEZ, LIZSANDRA  
Address        11540 SW 156 AVE  
City-State-Zip: MIAMI FL 33196

*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:** LIZSANDRA RODRIGUEZ

PRESIDENT

04/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date