

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000214487

**Entity Name:** CENTRO DE SALUD PRIMARIA LLC

**Current Principal Place of Business:**

4801 HOLLYWOOD BLVD  
STE B  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

4801 HOLLYWOOD BLVD  
STE B  
HOLLYWOOD, FL 33021 US

**FEI Number:** 81-4538747

**Certificate of Status Desired:** No

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

DIAZ-OZUAL, RUTH N  
8752 NW 109TH TERRACE  
HIALEAH GARDENS, FL 33018 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 MGR  
Name OZUAL, ANDRES  
Address 8752 NW 109TH TERRACE  
City-State-Zip: HIALEAH GARDENS FL 33018

Title MGR  
Name DIAZ-OZUAL, RUTH N  
Address 8752 NW 109 TERRACE  
City-State-Zip: HIALEAH GARDENS FL 33018

*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:** RUTH NOEMI DIAZ-OZUAL

**MGR**

**02/16/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date