

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000010769

**Entity Name:** SEGOVIA SURGICAL & DICTATION SERVICES, LLC

**Current Principal Place of Business:**

659 CATALONIA AVE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

659 CATALONIA AVE  
CORAL GABLES, FL 33134 UN

**FEI Number:** 81-4998523

**Certificate of Status Desired:** No

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

SEGOVIA, CARLOS  
659 CATALONIA AVE  
CORAL GABLES, FL 33134 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 AMBR  
Name SEGOVIA, CARLOS  
Address 659 CATALONIA AVE  
City-State-Zip: CORAL GABLES FL 33134

Title AMBR  
Name SEGOVIA, PATRICIA  
Address 659 CATALONIA AVE  
City-State-Zip: CORAL GABLES FL 33134

*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:** PATRICIA Z SEGOVIA

AMBR

03/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date