

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000026799

Entity Name: SIGNATURE OBGYN ASSOCIATES, LLC.**Current Principal Place of Business:**301 NW 179 AVENUE, SUITE 102
PEMBROKE PINES, FL 33029**Current Mailing Address:**500 SOUTH DIXIE HIGHWAY SUITE 304
CORAL GABLES, FL 33146 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW OFFICES OF DEEB & DEEB, P.A.
500 SOUTH DIXIE HIGHWAY SUITE 304
CORAL GABLES, FL 33146 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:** KEVIN L DEEB

05/07/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MBRM
Name	SARDUY, CARLOS
Address	301 NW 179 AVENUE, SUITE 102
City-State-Zip:	PEMBROKE PINES FL 33029

Title	MBRM
Name	URIBASTERRA, PABLO
Address	301 NW 179 AVENUE, SUITE 102
City-State-Zip:	PEMBROKE PINES FL 33029

Title	MGRM
Name	ARANGO-LONGO, JENNY
Address	301 NW 179 AVENUE, SUITE 102
City-State-Zip:	PEMBROKE PINES FL 33029

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: PABLO URIBASTERRA

MANAGER MEMBER

05/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date