

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000098405

**Entity Name:** LINDA MARTINEZ M.D. LLC

**Current Principal Place of Business:**

8000 NW 21ST ST  
SUITE 203  
DORAL, FL 33122

**Current Mailing Address:**

8000 NW 21ST ST  
SUITE 203  
DORAL, FL 33122 US

**FEI Number:** 82-1398596

**Certificate of Status Desired:** No

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

MARTINEZ, LINDA M  
8000 NW 21ST ST  
SUITE 203  
DORAL, FL 33122 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 MARTINEZ, LINDA M  
Address 8000 NW 21ST ST  
SUITE 203  
City-State-Zip: DORAL FL 33122

*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:** LINDA M MARTINEZ

MGR

03/02/2022

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

\_\_\_\_\_  
Date