

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000159417

**Entity Name:** HOMESTEAD MEDICAL CENTER LLC

**Current Principal Place of Business:**

704 WASHINGTON AVE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

1690 NE 8TH ST  
HOMESTEAD, FL 33033 US

**FEI Number:** 82-2270347

**Certificate of Status Desired:** No

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

LEAL, JHACNEA  
1690 NE 8TH ST  
HOMESTEAD, FL 33033 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:** JHACNEA LEAL

04/14/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LEAL, JHACNEA  
Address 1690 NE 8TH ST  
City-State-Zip: HOMESTEAD FL 33033

*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:** JHACNEA LEAL

MGR

04/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date